

OTHER RECURRING SERVICES CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FacID/Building: Fr 121

Date of Visit: 9/18/18

Contractor Personnel on Site:

1. Tony Lazarus
2. Sam Gerst
3. _____
4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 16721
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tony Lazarus

Date: 9/18/18

Signed: Tony Lazarus

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Joseph Knob

Date: 9/18/18

Signed: Joseph Knob

E-Mail: Joseph.Knob.Civ@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDESITE AND BLDG #: *Pf 121*LOCATION/RM #: *mcn*WO# *10721*ASSET # *7412*MECHANIC
SIGNATURE: *Lore*DATE: *8/18/8*START TIME: *0730*FINISH TIME: *0730*

ITEM/PROCEDURE	CRITICALITY/DESCRIPTION	PERFORMANCE		QUALITY/CONDITION
		YES	NO	
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.	<input checked="" type="checkbox"/>		
2	Schedule and coordinate work with operating personnel.	<input checked="" type="checkbox"/>		
3	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	<input checked="" type="checkbox"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Open and tag switch.	<input checked="" type="checkbox"/>		
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>		
3	Check for proper light operation.	<input checked="" type="checkbox"/>		
1	Test operation of automatic switches/time clock/photocells if applicable.	<input checked="" type="checkbox"/>		
3	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>		
5	For any noted deficiency, takes pictures and open corrective maintenance ticket	<input checked="" type="checkbox"/>		

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

13 pc
Back Right Corner Light is Blinking

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDESITE AND BLDG #: *PC 021*LOCATION/RM #: *mcP* WO# *10721* ASSET # *2432*MECHANIC
SIGNATURE: *JL*DATE: *8/28/08*START TIME: *0730*FINISH TIME: *0720*

ITEM NUMBER	DESCRIPTION	WORK PERIOD	COMPLETION	
			YES	NO
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.		<input checked="" type="checkbox"/>	
2	Schedule and coordinate work with operating personnel.		<input checked="" type="checkbox"/>	
3	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.		<input checked="" type="checkbox"/>	
	TO BE PERFORMED AT EACH INSPECTION SERVICE			
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To be performed by: General Maintenance Worker

Additional Notes:

I PC JL 8/28/08