

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Alexandria VAB Date of Visit: 9/26/19

Contractor Personnel on Site:

1. Patrick Donovan

2. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 10265, 10316, 10574, 10283, 10310

Service Calls – Service Call Number and Description

1. CSS# _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: _____

Signed: [Signature]

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: Robert Munn Date: 9/26/19

Signed: [Signature]

E-Mail: _____

Humidity + Temps.

Rm 113 B 75.3° + 33.7%

lobby 74.9° + 36.3%

202 B 75.5° + 37.1%

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #: Alexandria 14002MECHANIC SIGNATURE: [Signature]DATE: 9/23/19LOCATION/RM #: Blk #2 Lot 2 WO# 10283 ASSET # 1461START TIME: 1:30FINISH TIME: 1:30

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"/>		
1	Open and tag switch.	<input checked="" type="checkbox"/>		close / good
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>		close / good
3	Check for proper light operation.	<input checked="" type="checkbox"/>		close / all good
4	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>		close / good
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>		close
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>		done / all good

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:

Asset # 1461 All good.