

CERTIFICATION OF WORK

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

FACID/Building: Alexandria VA 02234 Date of Visit: 12/19/19

Contractor Personnel on Site:

1. Patrick Donavan 2. _____

Work Performed:

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

1. 11358, 11344, 11363, 11326 Place Filters + PM's, Pumps
Vehicle exhaust, lights, Mini Splits

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 Donavan Date: 12/19/19

Signed: Patrick Donavan

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:

MARQUITA Y. GIVENS
CW2, JA
Print Name/Rank: Legal Administrator Date: 19 Dec 19

Signed: Margie given

E-Mail: Marguitay.givens.mil@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: Alexandria VA 22314

LOCATION/RM #: Exterior Bldg # 200, WO# 11344

ASSET # 1461

MECHANIC SIGNATURE: [Signature]

DATE: 12/15/17

START TIME: 10:50

FINISH TIME: 11:05

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED, NO, PROVIDE EXPLANATION)
		YES	NO	
1	Schedule and coordinate work with operating personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	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"/>	<input type="checkbox"/>	
1	Inspect lighting contactor for pitting or arcing - report issues.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
3	Check for proper light operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
4	Test operation of automatic switches/time clocks/photocells if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Done</u>

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: