

CERTIFICATION OF WORK

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

FACID/Building: Alexandria VAO Date of Visit: 12/19/19

Contractor Personnel on Site:

1. Patrick Donovan 2. _____

Work Performed:

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

1. 11358, 1134, 11363, 11326 Plac. 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 Donovan Date: 12/19/19

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:

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

Signed: [Signature]

E-Mail: marquita.y.givens@va.gov

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST LIGHTING, OUTSIDE

SITE AND BLDG #: Alexandria 1400RMECHANIC SIGNATURE: [Signature]DATE: 10/16/17LOCATION/RM #: Ext. # 216, 1st floor WO# 11341 ASSET # 1461START TIME: 10:50FINISH 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"/>		
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"/>		
1	Inspect lighting contactor for pitting or arcing -report issues	<input checked="" type="checkbox"/>		<u>None</u>
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>		<u>None</u>
3	Check for proper light operation.	<input checked="" type="checkbox"/>		<u>None</u>
4	Test operation of automatic switches/ time clock (photoelectric) if applicable.	<input checked="" type="checkbox"/>		<u>None</u>
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>		<u>None</u>
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>		<u>None/checked</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: