

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 12/20/21

Contractor Personnel on Site:

1. PATRICK BROWN      3. \_\_\_\_\_  
2. \_\_\_\_\_      4. \_\_\_\_\_

**Work Performed:**

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

1. WO#'S , 15221 , 15222 , 15289 , 15290 , 15340 , 15341 ,
2. 15493 , 15521 , 15223 , 15224 , 15311 , 15342 , 15343 , 15522 ,
3. ASSET#'S , 10035 , 10036 , 10066 , 10069 , 10042 , 10065 ,
4. 10073 , 10077 , 10080 , 10075 , 10076 , 190917- , 294 , 299 ,
5. 292 , 293 , 297 , 298 , 300 , 303 , 304 , 305 , 306 ,

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/20/21

Signed: 

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: SFC ERIC ABBOTT Date: 12/20/21

Signed: 

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**LIGHTING, OUTSIDE**

**SITE AND BLDG #:** NY051 BLDG1  
**MOV & POV PARKING**  
**LOCATION/RM #:** 15289, WO# 15341, ASSET 10065, 10066, 190917, 292-294

**MECHANIC SIGNATURE:**   
**DATE:** 12/21/21  
**START TIME:** 8:30am **FINISH TIME:** 9:30am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	Schedule and coordinate work with operating personnel.	/	/	
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.	/	/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Inspect lighting contactor for pitting or arcing - report issues	/	/	no pitting or arcing
2	Inspect visual condition of wiring. Look for evidence of overheating.	/	/	no evidence of overheating
3	Check for proper light operation.	/	/	lights function properly
4	Test operation of automatic switches/ time clock/ photocells if applicable.	/	/	all function properly
5	Inspect light pole and mounting devices for deficiencies.	/	/	light pole and mounting are good
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	/	/	no noted deficiency

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:**