

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

**SITE AND BLDG #:** **Rockville MD021**

**MECHANIC  
SIGNATURE:** 

**DATE:** **3/8/22**

**LOCATION/RM #:** **MEP lot** **WO#** **16718** **ASSET #** **3Y261**

**START TIME:** **1:20**

**FINISH TIME:** **1:30**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION                                                                                                                                      | TASK COMPLETE                       |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO. PROVIDE EXPLANATION)              |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----|--------------------------------------------------------------------------------------|
|                                                   |                                                                                                                                                             | YES                                 | NO |                                                                                      |
| <b>SPECIAL INSTRUCTIONS</b>                       |                                                                                                                                                             |                                     |    |                                                                                      |
| 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"/> |    |                                                                                      |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |                                                                                                                                                             |                                     |    |                                                                                      |
| 1                                                 | Inspect lighting contactor for pitting or arcing -report issues                                                                                             | <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"/> |    |                                                                                      |
| 4                                                 | Test operation of automatic switches/ time clock/ photocells if applicable.                                                                                 | <input checked="" type="checkbox"/> |    |  |
| 5                                                 | Inspect light pole and mounting devices for deficiencies.                                                                                                   | <input checked="" type="checkbox"/> |    |                                                                                      |
| 6                                                 | 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:**