

PREVENTIVE MAINTENANCE CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID Building *Upper Marlboro* MD 20772 Date of Visit: *11/2/18*

Contractor Personnel on Site:

Patrick Donovan

1.

4.

2.

5.

3.

6.

Work Performed:

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

- 5. First Work *6352, 6385, 6332 + 6386*
- 6. *Freezer, Water Heater, Sump Pump, Air handlers, Chiller, Dehumidifier, Flood lights, Gas fired Heaters*
- 8.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Patrick Donovan

Date: *11/2/18*

Signed:

Patricia J. Lee

To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name Rank:

SGT Teshia Contreras

Date: *20181102*

Signed:

JL/C

E-Mail:

teshia.s.contreras.mil@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: Upper Marlboro MD 20706
LOCATION/RM #: Bldg 2 **WO#** 6332 **ASSET #** 1457

MECHANIC SIGNATURE: John Doe **DATE:** 11/21/18
START TIME: 11:15 **FINISH TIME:** 11:30

| C | DESCRIPTION | ASSESSMENT | | ACTIONS |
|--|--|-------------------------------------|----------------------------|-----------------------------|
| | | NOTES | RECOMMENDATION | |
| 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"/> | | |
| TO BE PERFORMED DURING INSPECTION SHIFT | | | | |
| 1 | Open and tag switch. | <input checked="" type="checkbox"/> | <i>Done</i> | <i>Tagged and Dated Tag</i> |
| 2 | Inspect visual condition of wiring. Look for evidence of overheating. | <input checked="" type="checkbox"/> | <i>Wires good</i> | |
| 3 | Check for proper light operation. | <input checked="" type="checkbox"/> | <i>Light good</i> | |
| 4 | Test operation of automatic switches/ time clock/ photocells if applicable. | <input checked="" type="checkbox"/> | <i>Time Clock good</i> | |
| 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: