

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 2/16/22

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 , 15945 , 15946 , 16119-16125 , 16238 , 16252 , 16267 ,
2. 15968 , 16126-16128
3. ASSET#S , 9218-9220 , 9222 , 9240 , 9241 , 9243 , 9244 , 9245 ,
4. 9254 , 9261 , 9262 , 9263 , 190917 , 131 , 102 , 103 , 132 , 119 , 124 ,
5. 125 , 126

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/16/22

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: MR McCARTHY Date: 2/16/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: **NY013 BLDG1**

MECHANIC
SIGNATURE:

DATE: **2/16/22**

LOCATION/RM #: **BLDG1** WO# **16123-16125,**

ASSET # **see below**

START TIME: **12pm**

FINISH TIME: **12:30pm**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect for structural defects, note needed repairs	✓	/	no structural defects
2	Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket	✓	/	units function properly
3	Clean exterior with dry cloth.	✓	/	units have been wiped down
4	For Exit lights check for proper arrow direction.	✓	/	Arrow directions are proper
5	Make and/or recommend any needed repairs.	✓	/	no repairs needed

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:

ASSET#'S,

9243

9244

9245

190917-132