

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 8/23/22

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 , 18433-18439 , 18580 , 18586 , 18601 ,
2. 18627 , 18440-18442 , 18628 ,
3. ASSET#'S , 9220 , 9222 , 9240 , 9241 , 9243 , 9244 ,
4. 9245 , 9261-9263 , IL-12 , IL-13 , 190917-, 131 ,
5. 102 , 103 , 132 , 119 , 124-126

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/23/22

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: MIKE MCCARTHY Date: 8/23/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: NY013 BLDG2

LOCATION/RM #: BLDG2 **WO#** 18441, **ASSET #** 9262,
18442 **9263**

**MECHANIC
SIGNATURE:**

DATE: 8/23/22

START TIME: 1:30pm

FINISH TIME: 1:45pm

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	✓		
2	Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket	✓	/	
3	Clean exterior with dry cloth.	✓		
4	For Exit lights check for proper arrow direction.	✓		
5	Make and/or recommend any needed repairs.	✓		

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: