

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 11/1/22

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. WO#'S , 19454 , 19455 , 19484 , 19686-19689 , 19701 ,
2. 19705 , 19716 , 19726 , 19690 , 19691 , 19486 , 19692 ,
3. 19693 ,
4. ASSET#'S , 9932 , 9935 , 9898 , 9929 , 9933 , 9934 , 9890 ,
5. 9940 , 9941 , 9946 , 9947 , IL-31,33 , 190917-, 269 , 250 ,
251 , 263 , 268 , 265 , 266 ,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: PATRICK BROWN Date: 11/1/22

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: SSGT SHIFFLETT Date: 11/1/22

Signed: 

E-Mail: MICHAEL.SHIFFLETT@USACE

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: NY039 BLDG 1,2&3
 LOCATION/RM #: BLDG1,2&3 WO# see below ASSET #

MECHANIC SIGNATURE:  DATE: 11/1/22
 START TIME: 10am FINISH TIME: 11am

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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

WO#'S, ASSET#'S
 19688, 9933,
 19689, 9934,
 19716, 9940,
 19690, 9941,
 19691, 9946,
 19692, 9947,
 19693 190917-268

the emergency lights and exit signs in building 3 do not function at all I'm requesting a work order to be submitted