

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: \_\_\_\_\_

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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

-----

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: \_\_\_\_\_

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: JUSTIN DRINKWINE Date: \_\_\_\_\_

Signed: 

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**EMERGENCY EXIT SIGNS AND WALL PACKS**

ACTIVITY AND BLDG #: NY051 BLDG1  
 LOCATION/RM #: BLDG1 WO# 18325, ASSET # 10067, 10068, 18326, 190917-295, 296  
 MECHANIC SIGNATURE:  DATE: 8/9/22  
 START TIME: 9am FINISH TIME: 9:30am

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 perfomed by: General Maintenance Worker

**Additional Notes:**