

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 8/22/22

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 , 18294 , 18307 , 18389-18395 , 18511 , 18512 ,
2. 18584 , 18596 , 18609 , 18610 , 18666 , 18396-18398 , 18597 ,
3. 18611 , 18667 , 18399 , 18400 , 18668
4. ASSET#'S , 10568 , 10612 , 10559 , 10560 , 10566-10568 ,
5. 10613 , 10614 , 10608 , 10609 , 10636-10638 , 10643 , 10644 ,
IL-55-57 , 190917-, 450 , 430-434 , 446 , 449 , 447 , 452 , 455 ,
458 , 459

CERTIFICATION OF WORK

To be signed by the Contractor:

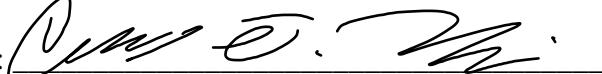
Print Name: Patrick Brown Date: 8/22/22

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: CONNERY ZALESKI Date: 8/22/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #:	NY067 BLDG2&3		10637,	MECHANIC SIGNATURE: 	DATE: 8/22/22
LOCATION/RM #:	BLDG2&3	WO# 18397-	10638,	START TIME: 1:30pm	FINISH TIME: 2pm
		ASSET # 18400	10643,		

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