

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 11/3/22

Contractor Personnel on Site:

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

**Work Performed:**

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

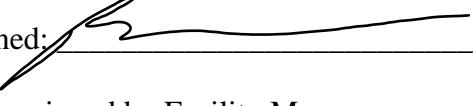
1. WO#'S , 19506 , 19427 , 19440 , 19586-19592 , 19695 , 19707 ,
2. 19719 , 19507 , 19593-19595 , 19720 , 19508 , 19596 , 19597
3. ASSET#'S , 10612 , 10559 , 10560 , 10566-10568 , 10613 ,
4. 10614 , 10551 , 10636-10638 , 10643 , 10644 , IL- , 55,56,57 ,
5. 190917-, 450,430,431,432,433,446,449,455 ,

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: PATRICK BROWN Date: 11/3/22

Signed: 

11/3/22

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: J Thomas, A1 SFC Date: 11/3/22

Signed: 

E-Mail: /

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

ACTIVITY AND BLDG #: NY067 BLDG 1,2&3  
 LOCATION/RM #: BLDG1,2&3 see below  
 WO# ASSET #

MECHANIC  
 SIGNATURE:   
 DATE: 11/3/22  
 START TIME: 10:30am FINISH TIME: 11:30am

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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

WO#'S,	ASSET#'S
19591,	10613,
19592,	10614,
19719,	10637,
19594,	10638,
19595,	10643,
19596,	10644,
19597	190917-449
19691,	
19692,	
19693	