

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 2/17/22

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>PATRICK BROWN</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

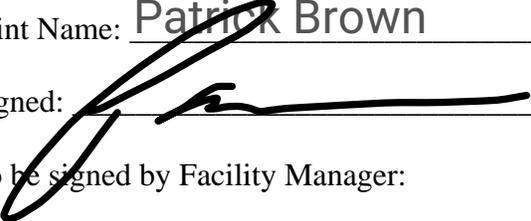
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S, 15929 , 16265 , 16279 , 16280 , 15930 , 16243 ,
2. 16266 , 16281
3. ASSET#'S , 190917-, 615 , 616 , 636-640 , 683 , 709 , 724 ,
4. 703 , 707 , 710 , 711 , 714 , 716 , 700 , 708
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/17/22

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:

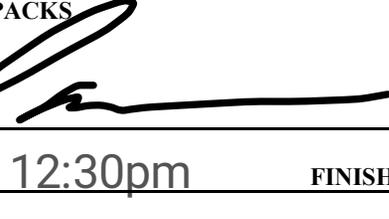
Print Name/Rank: LARS LUFFMAN Date: 2/17/22

Signed: 

E-Mail: _____

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

ACTIVITY AND BLDG #: NY127 BLDG1

MECHANIC SIGNATURE:  **DATE:** 2/17/22

LOCATION/RM #: BLDG1 **WO#** 16265 **ASSET #** 190917-686

START TIME: 12:30pm **FINISH TIME:** 1pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect for structural defects, note needed repairs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no structural defects
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 checked="" type="checkbox"/>	units function properly
3	Clean exterior with dry cloth.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	units have been wiped down
4	For Exit lights check for proper arrow direction.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Arrow directions are proper
5	Make and/or recommend any needed repairs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no repairs needed

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: