

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 8/23/22

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. <u>WO#'S , 18433-18439 , 18580 , 18586 , 18601 ,</u>        |
| 2. <u>18627 , 18440-18442 , 18628 ,</u>                        |
| 3. <u>ASSET#'S , 9220 , 9222 , 9240 , 9241 , 9243 , 9244 ,</u> |
| 4. <u>9245 , 9261-9263 , IL-12 , IL-13 , 190917-, 131 ,</u>    |
| 5. <u>102 , 103 , 132 , 119 , 124-126</u>                      |

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/23/22

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: MIKE MCCARTHY Date: 8/23/22

Signed: \_\_\_\_\_

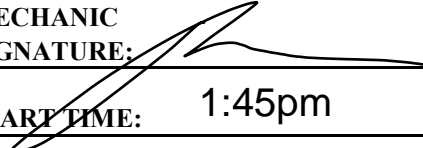
E-Mail: \_\_\_\_\_

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### INTERIOR LIGHTING

ACTIVITY AND BLDG #: NY013 BLDG2

LOCATION/RM #: BLDG2 WO# 18628 ASSET # IL-13

MECHANIC SIGNATURE:  DATE: 8/23/22

START TIME: 1:45pm FINISH TIME: 2:30pm

| CHECK POINT                                | CHECKPOINT DESCRIPTION   | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|--|---------------|----|---|
|  |  | YES           | NO |   |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |  |               |    |   |
| 1  | Visually check all accessible areas for burned out bulbs and/or flickering lights. Check with the facility manager to see if they know of any outages. | ✓             |    |   |
| 2  | Replace bulbs where applicable. Note quantity of bulbs replaced. If lift is required, schedule accordingly.  | ✓             |    |   |
| 3  | Test light fixture. If light does not work, replace starters and/or ballasts as necessary.   | ✓             |    |   |
| 4  | Note and report any needed electrical repairs.   | ✓             |    |   |
| 5  | Properly dispose of any non-working bulbs and ballasts.  | ✓             |    |   |
| 6  | Clean up area and remove any trash.  | ✓             |    |   |

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:**