

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 4/19/23

Contractor Personnel on Site:

1. Patrick Brown 3. _____
2. _____ 4. _____

Work Performed:

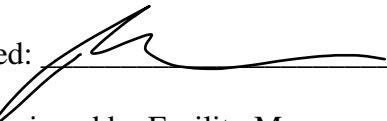
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 21589 , 21590 , 21591 , 21626 , 21627 ,
2. 21653 , 21696 , 21697 , 21707 , 21732 , 21592 , 21655,
3. ASSET#'S , 9899 , 9900 , 9901 , 9932 , 9935 , 9945 ,
4. IL-31 , IL-32 , IL-33 , 190917-, 252,272,269
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 4/19/23

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 SHIFFLETT Date: 4/19/23

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
INTERIOR LIGHTING

ACTIVITY AND BLDG #: **NY039 BLDG3**MECHANIC
SIGNATURE: DATE: **4/19/23**LOCATION/RM #: **BLDG3** WO# **21655** ASSET # **IL-33**START TIME: **11am**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 | 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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: