

**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. <u>Patrick Brown</u> | 3. <u></u> |
| 2. <u></u>              | 4. <u></u> |

**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.

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**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 BLDG2

MECHANIC  
SIGNATURE: 

DATE: 4/19/23

LOCATION/RM #: BLDG2 WO# 21732 ASSET # IL-32

START TIME: 10am

FINISH TIME: 10:30am

| 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:**