

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 5/18/23

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 , 21844 , 21845 , 21871 , 22062 , 22063 , 22064 ,
2. 22065 , 22077 , 22083 , 22094 , 22104 , 21872 , 22066 ,
3. 22067 , 21873 , 22068 , 22069,
4. ASSET#'S , 9932 , 9935 , 9898 , 9929 , 9933 , 9934 , 9890 ,
5. 9940 , 9941 , 9946 , 9947 , IL-31 , IL-32 , IL-33 , 190917-,
269,250,251,263,268,265,266

CERTIFICATION OF WORK

To be signed by the Contractor:

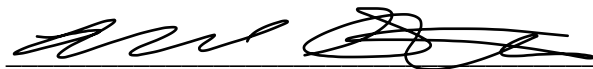
Print Name: Patrick Brown Date: 5/18/23

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: 5/18/23

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

INTERIOR LIGHTING

ACTIVITY AND BLDG #: NY039 BLDG3

MECHANIC
SIGNATURE: 

DATE: 5/18/23

LOCATION/RM #: BLDG3 WO# 21873 ASSET # IL-33

START TIME: 12:30pm

FINISH TIME: 1pm

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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

2 of the eight foot lights are not functioning i'm requesting
a work order be put in