

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 9/20/22

Contractor Personnel on Site:

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

Work Performed:

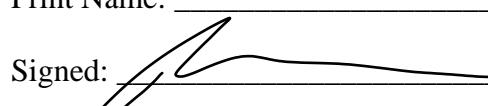
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 18767-18770 , 18834 , 18835 , 18902 , 18903 ,
2. 18955 , 19017-19019 , 19149 , 19158 , 19180 , 18836 , 18837 ,
3. 18956 , 18988 , 19020 , 19021
4. ASSET#'S , 10051-10053 , 10064 , 10035 , 10036 , 10066 ,
5. 10069 , 10046 , 10073 , 10077 10080 , 10073 , 10077 ,
190917-, 276 , 291 , 294 , 299 , 278 , IL-, 36 , 37

CERTIFICATION OF WORK

To be signed by the Contractor:

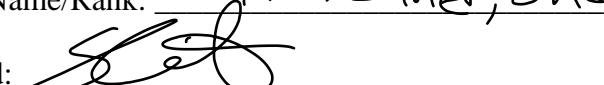
Print Name: Patrick Brown Date: 9/20/22

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: SGT Tanner, Shane Date: 24 Sept 22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
INTERIOR LIGHTING

ACTIVITY AND BLDG #: NY051 BLDG1&2		MECHANIC SIGNATURE: 	DATE: 9/20/22
LOCATION/RM #: BLDG1&2	WO# 18955, 18956	ASSET # IL-,36 ,37	START TIME: 9:30am FINISH TIME: 10am

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: