

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 10 /5/22

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 , 19235 , 19236 , 19288 , 19326 ,
19338 , 19289 , 19339
2. ASSET#'S , 10066 , 10069 , 190917-, 294 ,
299 , 277 , 302 , IL-, 36,37
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: PATRICK BROWN Date: 10/5/22

Signed: 

To be signed by Facility Manager:

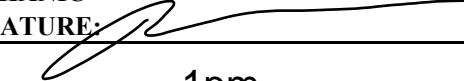
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: CPL TYLER Rosso Date: 10/5/22

Signed: 

E-Mail: TYLER.J.Rosso.MIL@ARMY.MIL

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
INTERIOR LIGHTING

ACTIVITY AND BLDG #: <u>NY051 BLDG1&2</u>		MECHANIC SIGNATURE: 	DATE: <u>10/5/22</u>
LOCATION/RM #: <u>BLDG1&2</u> WO #: <u>19288,</u> ASSET #: <u>IL-, 36,37,</u> <u>19338,</u> 190917-,		START TIME: <u>1pm</u>	FINISH TIME: <u>2 pm</u>
CHECK POINT	CHECKPOINT DESCRIPTION	277, 302	NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
19289 <u>TO BE PERFORMED AT EACH INSPECTION SERVICE</u>			
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.	<input checked="" type="checkbox"/>	
2	Replace bulbs where applicable. Note quantity of bulbs replaced. If lift is required, schedule accordingly.	<input checked="" type="checkbox"/>	
3	Test light fixture. If light does not work, replace starters and/or ballasts as necessary.	<input checked="" type="checkbox"/>	
4	Note and report any needed electrical repairs.	<input checked="" type="checkbox"/>	
5	Properly dispose of any non-working bulbs and ballasts.	<input checked="" type="checkbox"/>	
6	Clean up area and remove any trash.	<input checked="" type="checkbox"/>	

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: