

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 4/4/23

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 , 21491 , 21499 , 21500 , 21501 , 21502 , 21503 ,
2. 21606 , 21607 , 21656 , 21698 , 21708 , 21720 , 21657 ,
3. 21721 , 21504 , 21593 ,
4. ASSET#'S , 10054 , 10047 , 10048 , 10049 , 10050
5. , 10066 , 10069 , 10072 , 190917-, 287,294,299,277,302 ,
- IL-36 , IL-37

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: GSJ09 Justin Drinkwine Date: 4/4/23

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

INTERIOR LIGHTING

ACTIVITY AND BLDG #: NY051 BLDG1&2
 LOCATION/RM #: BLDG1&2 WO# see below ASSET #

MECHANIC
SIGNATURE: 

DATE: 4/4/23

START TIME: 9:30am

FINISH TIME: 10:30am

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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

WO#'S, ASSET#'S,
 21656, IL-36,
 21720, IL-37,
 21657, 190917-277
 21721 190917-302