

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 2/9/22

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 , 15633-15644 , 15737 , 15782-15784 , 15851 , 15865 ,
2. 15785 , 15786 , 15866 , 15787 , 15788 , 15867
3. ASSET#'S , 10570-10581 , 10612 , 10622-10622 , 10639 , 10640 ,
4. 10645 , 10646 , 190917-, 450 , 421 , 454 , 461
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/9/22

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: AMMIE MEARERO Date: 2/9/22

Signed: 

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**INTERIOR LIGHTING**

ACTIVITY AND BLDG #: **NY067 BLDG2 &3**MECHANIC  
SIGNATURE: DATE: **2/9/22**

**LOCATION/RM #:** **BLDG2 &3** **WO#** **15866,** **ASSET #** **190917-,**  
**15867** **454,461**

START TIME: **2:15pm**FINISH TIME: **3pm**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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.	✓	/	no flickering lights
2	Replace bulbs where applicable. Note quantity of bulbs replaced. If lift is required, schedule accordingly.	✓	/	no bulbs needed to be replaced
3	Test light fixture. If light does not work, replace starters and/or ballasts as necessary.	✓	/	no starters or ballast replaced
4	Note and report any needed electrical repairs.	✓	/	no 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:**