

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 4/28/22

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. <u>WO#'S , 16700-16705 , 16784 , 16810 , 16811 , 16820 ,</u> |
| 2. <u>16834 , 16771 , 16812 , 16835 , 16836</u> |
| 3. <u>ASSET#'S , 10561-10563 , 10612 , 10626 , 10627 , 10629 ,</u> |
| 4. <u>190917-, 435-437 , 453 , 450 , 421 , 456 , 454 , 461</u> |
| 5. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 4/28/22

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: 4/28/22

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

INTERIOR LIGHTING

ACTIVITY AND BLDG #: NY067 BLDG 2 &3

MECHANIC
SIGNATURE: 

DATE: 4/28/22

LOCATION/RM #: BLDG 2 &3 WO# 16835, 16836 ASSET # 190917-, 454,461

START TIME: 12:30pm

FINISH TIME: 1:30pm

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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no flickering lights
2	Replace bulbs where applicable. Note quantity of bulbs replaced. If lift is required, schedule accordingly.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no bulbs needed to be replaced
3	Test light fixture. If light does not work, replace starters and/or ballasts as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no starters or ballast replaced
4	Note and report any needed electrical repairs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no needed electrical repairs
5	Properly dispose of any non-working bulbs and ballasts.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Clean up area and remove any trash.	<input checked="" type="checkbox"/>	<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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

BLDG 3 LIGHTS ARE BEING REPLACED WITH LED'S