

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 9/26/22

Contractor Personnel on Site:

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

Work Performed:

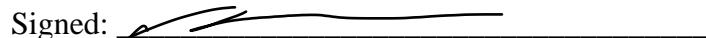
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 18740 , 18795 , 18796 , 18851-18855 , 18908 , 18974 ,
2. 18995 , 18896 , 19074-19078 , 19151 , 19159 , 19183 , 18797 ,
3. 18975 , 18997 , 18976 ,
4. ASSET#'S , 10564 , 10565 , 10547-10550 , 10558 , 10612 ,
5. 10610 , 10615 , 10628 , 10641 , 190917-, 423 , 424 , 427 , 428 ,
- 420 , 450 , 422 , IL-, 55 , 56 , 57

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/26/22

Signed: 

To be signed by Facility Manager:

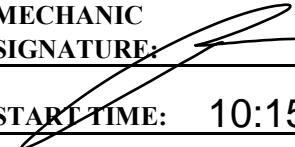
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Amelia MVR FC8 Date: 9/26/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
INTERIOR LIGHTING

ACTIVITY AND BLDG #: <u>NY067 BLDG 1,2&3</u>		MECHANIC SIGNATURE: <u></u>	DATE: <u>9/26/22</u>	
LOCATION/RM #: <u>BLDG1,2&3</u> WO#: <u>18974, 18975,</u> ASSET #: <u>11-, 55,56,57</u>		START TIME: <u>10:15am</u>	FINISH TIME: <u>11am</u>	
CHECK POINT	CHECKPOINT DESCRIPTION <u>18976</u>	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"/>		
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: