

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 10/7/22

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 , 19241 , 19307 , 19327 , 19341 ,
2. 19308 , 19342 , 19309 , 19343 ,
3. ASSET#'S , 10612 , 190917-, 450 , 421 ,
4. 454 , 461 , IL-, 55,56,57
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: PATRICK BROWN Date: 10/7/22

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:

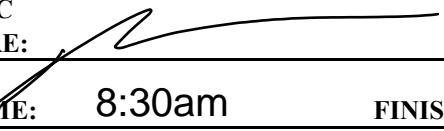
Print Name/Rank: Amelia Manalo Date: 10/7/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
INTERIOR LIGHTING

ACTIVITY AND BLDG #: NY067 BLDG 1,2&3
BLDG 1,2&3 **see below**
LOCATION/RM #: **WO#** **ASSET #**

MECHANIC SIGNATURE: 
DATE: 10/7/22
START TIME: 8:30am **FINISH TIME:** 10am

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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

WO#'S , 19307,19341, 19308,19342, 19309,19343	ASSET#'S , 190917-, 421,454,461, IL-, 55,56,57
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