

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 11/3/22

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

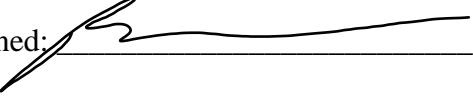
**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 19506 , 19427 , 19440 , 19586-19592 , 19695 , 19707 ,
  2. 19719 , 19507 , 19593-19595 , 19720 , 19508 , 19596 , 19597
  3. ASSET#'S , 10612 , 10559 , 10560 , 10566-10568 , 10613 ,
  4. 10614 , 10551 , 10636-10638 , 10643 , 10644 , IL- , 55,56,57 ,
  5. 190917-, 450,430,431,432,433,446,449,455 ,
- 

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: PATRICK BROWN Date: 11/3/22

Signed: 

11/3/22

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: J Thomas, A1 SFC Date: 11/3/22

Signed: 

E-Mail: /

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

ACTIVITY AND BLDG #: **NY067 BLDG1,2&3**  
**19506, IL-,55,56,57**  
 LOCATION/RM #: **BLDG1,2&3** WO# **19507, ASSET #**  
**19508**

MECHANIC SIGNATURE: 

DATE: **11/3/22**  
 START TIME: **9am** FINISH TIME: **9:30am**

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.	✓		
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:**