

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 4/20/22

Contractor Personnel on Site:

- |                       |          |
|-----------------------|----------|
| 1. <u>ERIC TAYLOR</u> | 3. _____ |
| 2. _____              | 4. _____ |

**Work Performed:**

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

1. PM vault door and lock
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

---

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Eric Taylor Date: 4/20/22

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: LARS LUFFMAN GS09 Date: 2022 0420

Signed: 

E-Mail: lars.luffman.civ@army.mil

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### INTERIOR LIGHTING

ACTIVITY AND BLDG #: NY127 BLDG3

MECHANIC  
SIGNATURE: 

DATE: 4/29/22

LOCATION/RM #: BLDG3 WO# 16839 ASSET # 190917-729

START TIME: 11am

FINISH TIME: 11:30am

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"/>	no bulbs replaced
6	Clean up area and remove any trash.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no 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:**