

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 10/6/22

Contractor Personnel on Site:

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

Work Performed:

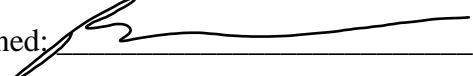
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 19314 , 19344 , 19315 , 19328 ,
2. 19345 , 19347 , 19316 , 19346 ,
3. ASSET#'S , IL-, 65 , 66 , 67 , 190917-, 684 ,
4. 712 , 729
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: PATRICK BROWN Date: 10/6/22

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: David Zhang / STC Date: 10/6/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
INTERIOR LIGHTING

ACTIVITY AND BLDG #: **NY127 BLDG1,2&3**
see below
LOCATION/RM #: **BLDG1,2&3** **WO#:** **ASSET #**

MECHANIC SIGNATURE: 
DATE: **10/6/22**
START TIME: **9am** **FINISH TIME:** **11am**

| 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,
19314,19344,
19315,19345,
19316,19346

ASSET#'S,
190917-,
684,712,729,
IL-, 65,66,67