

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 5/22/23

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 , 21801 , 21824 , 21825 , 21874 , 21907 , 21908 ,
2. 21909 , 21910 , 22070 , 22084 , 22095 , 21875
3. ASSET#'S , 10043 , 10066 , 10069 , IL-36 , 10044 , 10045 ,
4. 10067 , 10068 , 10037 , IL-37 , 190917-, 294 , 299 , 280 ,
5. 281 , 282 , 283 , 284 , 295 , 296 ,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/22/23

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: SGT Janner, Shane Date: 5/22/23

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

LIGHTING, OUTSIDE

SITE AND BLDG #: NY051 BLDG1

MECHANIC
SIGNATURE: 

DATE: 5/22/23

LOCATION/RM #: BLDG1 WO# 21824, ASSET #10066,
22084 190917-294

START TIME: 7:30am

FINISH TIME: 8am

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|---|---------------|----|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 1 | Schedule and coordinate work with operating personnel. | ✓ | | |
| 2 | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. | ✓ | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Inspect lighting contactor for pitting or arcing - report issues | ✓ | | |
| 2 | Inspect visual condition of wiring. Look for evidence of overheating. | ✓ | | |
| 3 | Check for proper light operation. | ✓ | | |
| 4 | Test operation of automatic switches/ time clock/ photocells if applicable. | ✓ | | |
| 5 | Inspect light pole and mounting devices for deficiencies. | ✓ | | |
| 6 | For any noted deficiency, takes pictures and open corrective maintenance ticket. | ✓ | | |

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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: