

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 2/9/22

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 , 15633-15644 , 15737 , 15782-15784 , 15851 , 15865 ,
2. 15785 , 15786 , 15866 , 15787 , 15788 , 15867
3. ASSET#'S , 10570-10581 , 10612 , 10622-10622 , 10639 , 10640 ,
4. 10645 , 10646 , 190917-, 450 , 421 , 454 , 461
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/9/22

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: AMMIE MEARERO Date: 2/9/22

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **LIGHTING, OUTSIDE**

SITE AND BLDG #: NY067 BLDG1

MECHANIC
SIGNATURE: 

DATE: 2/9/22

LOCATION/RM #: MOV PARKING

WO# 15737

ASSET # 10612

START TIME: 10:30am

FINISH TIME: 11am

| 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Inspect lighting contactor for pitting or arcing - report issues | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no pitting or arcing |
| 2 | Inspect visual condition of wiring. Look for evidence of overheating. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no evidence of overheating |
| 3 | Check for proper light operation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | lights function properly |
| 4 | Test operation of automatic switches/ time clock/ photocells if applicable. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | all function properly |
| 5 | Inspect light pole and mounting devices for deficiencies. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | light pole and mounting are good |
| 6 | For any noted deficiency, takes pictures and open corrective maintenance ticket. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no noted deficiency |

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: