

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 2/10/22

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 , 15915 , 15941-15943 , 15981 , 15993 , 16075-16081 ,
2. 16197 , 16198 , 16242 , 16262 , 16275 , 16276 , 15944 , 15966 ,
3. 16082-16084 , 16236 , 16277 , 16085 , 16086
4. ASSET#'S , 10568 , 10564 , 10565 , 10569 , 10612 , 10559 , 10560 ,
5. 10566-10568 , 10613 , 10614 , 10608 , 10609 , 10628 , 10629 ,
10636-10638 , 10643 , 10644 , 190917- , 450 , 430-433 , 446 , 449 ,
434 , 447 , 452 , 455 , 458 , 459 ,-----

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/10/22

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: 2/10/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: **NY067 BLDG1**LOCATION/RM #: **parking lot** WO# **15993** ASSET # **10612**MECHANIC
SIGNATURE: DATE: **2/10/22**START TIME: **9:30am**FINISH TIME: **9:45am**

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	✓	/	no pitting or arcing
2	Inspect visual condition of wiring. Look for evidence of overheating.	✓	/	no evidence of overheating
3	Check for proper light operation.	✓	/	lights function properly
4	Test operation of automatic switches/ time clock/ photocells if applicable.	✓	/	all function properly
5	Inspect light pole and mounting devices for deficiencies.	✓	/	light pole and mounting are good
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	✓	/	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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: