

PREVENTIVE MAINTENANCE CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FacID Building: *Upper Marlboro MD016* Date of Visit: *2/4/19 - 2/5/19*

Contractor Personnel on Site:

1. *Patrick Donovan*

4.

2.

5.

6.

6.

Work Performed:

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

5. LIST WORK *7197, 7232, 7212*

6. *Annual backflow certification, Freezer, Water Heater, Sump pump, Flood lights*

8.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: *Patrick Donovan*

Date: *2/5/19*

Signed: *Pat J*

To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name Rank: *Parker, Richard L. CTX* Date: *20190205*

Signed: *R. Parker*

E-Mail: *Richard.L.Parker8.CTX@mark.mil*

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: *Upper Markboro MD 016*

LOCATION/RM #:

Bldg #2 WO# *7212* ASSET #*1457*

MECHANIC SIGNATURE: *[Signature]*

DATE: *2/4/19*

START TIME: *11:00*

FINISH TIME: *11:20*

S/N ITEM	DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS
		YES	NO	
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Signed + dated Maint. Record tag</i>
2	Schedule and coordinate work with operating personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	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"/>	
4	Open and tag switch.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>done</i>
5	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>good</i>
6	Check for proper light operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>good</i>
7	Test operation of automatic switches/ time clock photocells if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>good</i>
8	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>good</i>
9	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>done</i>

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: