

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

FAC ID Building: *Upper Marlboro MD016* Date of Visit: *3/8/19*

Contractor Personnel on Site:

1. *Patrick Donovan*

4.

5.

5.

6.

6.

Work Performed:

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

1. *LIST WO# 7679, 7772, 7832, 7555, 7632, 7836*
2. *Circulating Pumps, Unit Heaters, Mini Split Systems,*
3. *Condensing unit, Flood light, Overhead Vehicle Exhaust*
4.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: *Patrick Donovan*

Date: *3/8/19*

Signed:

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: *Richard L Parker CDR* Date: *20190308*

Signed: *[Signature]*

E-Mail: *Richard.L.Parker8.cdr@nrl.mil*

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **LIGHTING, OUTSIDE**

SITE AND BLDG #: Cape Marlboro MP016 MECHANIC SIGNATURE: [Signature] DATE: 3/8/19
 LOCATION/RM #: MEP Lot WO# 7555 ASSET # 1457 START TIME: 8:50 FINISH TIME: 9:20

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETION		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"/>	Signed & dated Maint. Record Log
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"/>	
TO BE PERFORMED BY A QUALIFIED INSPECTION SERVICE				
1	Open and tag switch.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Log
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	good
3	Check for proper light operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	good
4	Test operation of automatic switches/ <u>time clock</u> photocells if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	good
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	good
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	done

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: