

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

FACH Building: *Upper Marlboro MD 20774* Date of Visit: *1/15/19*

Contractor Personnel on Site:

Patrick Donovan

8

6

4

5

6

7

8

Work Performed:

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

5. First Work *7113, 7114 + 7085*

6. *Manual gates, Circulating pumps, Overhead doors*

7. *Flood lights*

8

CERTIFICATION OF WORK

To be signed by the Contractor:

Patrick Donovan

Print Name

Date: *1/15/19*

Signed

Patrick Donovan

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*, *Reserve C* Date: *1/15/19*

Signed *Richard L. Parker*

E-Mail: *richard.l.parker@doe.gov*

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

LIGHTING, OUTSIDE

SITE AND BLDG #: Upper Marlboro MD 20706

LOCATION/RM #: Project 2 WO# 2085 ASSET # 1457

MECHANIC SIGNATURE: John Ward DATE: 1/15/19

START TIME: 6:35 FINISH TIME: 6:50

ITEM #	DESCRIPTION	LAST COMPLETED		SPECIFIC INSTRUCTIONS
		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 checked="" type="checkbox"/>	<i>Sign and date of Maint. Record</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"/>	
TO BE PERFORMED DURING INSPECTION				
1	Open and tag switch.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>done</i>
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>good</i>
3	Check for proper light operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>done good</i>
4	Test operation of automatic switches <i>(time clock)</i> photocells if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>good</i>
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>good</i>
6	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: