

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:

CERTIFICATION OF WORK

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

FACID/Building: NY023-118 Date of Visit: 10/1/2020

Contractor Personnel on Site:

1. _____ 2. Deen Rowe

Work Performed:

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

Service Orders -

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deen Rowe Date: 10/1/2020

Dear Rows

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:

Signed: _____

To be signed by Facility Manager:

Print Name/Rank: _____ Date: _____

Signed: LINN.RYAN.G.1037390832 Digitally signed by
Date: 2020.10.27 16:59:53-04'00'

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

MECHANIC:

SITE AND BLDG #: NY023-118

SIGNATURE:

DATE:

LOCATION/RM #:

START TIME:

FINISH TIME:

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|-------|---------|------------|--------------|--------------|----------|---|----------------|
| NY023-118 | 10339 | 9282 | PM-MO-9282 | LED | | | J-45 1-pc Single Light, Pole Mounted Military Equipment Parking | |
| | | | | | | | | |
| | | | | Outside | at Buil | ding 18 | | |

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|---------------|----|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 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. | | | |
| 2 | Schedule and coordinate work with operating personnel. | | | |
| 3 | Follow lock out/tag out procedures always. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. | | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Open and tag switch. | | | |
| 2 | Inspect visual condition of wiring. Look for evidence of overheating. | | | |
| 3 | Check for proper light operation. | | | |
| 4 | Test operation of automatic switches/ time clock/ photocells if applicable. | | | |
| 5 | Inspect light pole and mounting devices for deficiencies. | | | |
| 6 | For any noted deficiency, takes pictures and open corrective maintenance ticket. | | | |

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:**