

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

INTERIOR LIGHTING

ACTIVITY AND BLDG #: **NY051-02**MECHANIC
SIGNATURE: DATE: **11/12/19**LOCATION/RM #: **WO# 5718** ASSET # **190917-302**START TIME: **9:30am**FINISH TIME: **10am**

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|--|-------------------------------------|-------------------------------------|---|
| | | YES | NO | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Visually check all accessible areas for burned out bulbs and/or flickering lights. Check with the facility manager to see if they know of any outages. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | all are good |
| 2 | Replace bulbs where applicable. Note quantity of bulbs replaced. If lift is required, schedule accordingly. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no bulbs needed to be replaced |
| 3 | Test light fixture. If light does not work, replace starters and/or ballasts as necessary. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | all lights are good |
| 4 | Note and report any needed electrical repairs. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no electrical repairs needed |
| 5 | Properly dispose of any non-working bulbs and ballasts. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 6 | Clean up area and remove any trash. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |

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: