

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

FACID Building: *VA002 Alexandria* Date of Visit: *12/21/18*

Contractor Personnel on Site:

1. *Patrick Donovan* 4.
2. 5.
3. 6.
7.

Work Performed:

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

5. *LIST WORK 6795, 6765, 6788*
6. *Hot water pumps, Pole mounted lights, Vehicle exhaust system.*
8.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: *Patrick Donovan*

Date: *12/21/18*

Signed: *[Signature]*

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: *Selina A. DiBella / SGT* Date: *2018.12.21*

Signed: *[Signature]*

E-Mail: *selina.a.dibella.mil@mail.mil*

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

LIGHTING, OUTSIDE

SITE AND BLDG #: *Alexandria VA 002*

LOCATION/RM #: *Bldg #2* WO# *6765* ASSET # *1461* # *1-#09*

MECHANIC
SIGNATURE: *John B. Lee*

DATE: *12/20/18*

START TIME: *11:15*

FINISH TIME: *1:35*

		INSTRUCTIONS		NOTES	
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"/>		
2	Schedule and coordinate work with operating personnel.	<input checked="" 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"/>			
4	Open and tag switch.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Done</i>	
5	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Good</i>	
6	Check for proper light operation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Good</i>	
7	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>All Good</i>	
8	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Good</i>	
9	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Photo Cell</i>	
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