

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

FACID/Building: Alexandria VA02 Date of Visit: 11/20/19

Contractor Personnel on Site:

1. Patrick Donovan 2. \_\_\_\_\_

**Work Performed:**

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

1. 11119, 11153, 11177, 11207, 11133, 11154 Archandlers, water Heater, Timeclocks, Photocell, Condensing units, Chiller, dehumidifier lights, water Treatment.  
Service Calls – Service Call Number and Description

1. CSS# \_\_\_\_\_
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan Date: 11/20/19

Signed: TD

To be signed by Facility Manager:

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:

Print Name/Rank: Selina DiBella /SGT Date: 2019 1120

Signed: SD

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**LIGHTING, OUTSIDE**

SITE AND BLDG #: Alexandria VA 22302

MECHANIC  
SIGNATURE: 

DATE: 11/29/19

LOCATION/RM #: Exterior Bldg #2 WO# 11133 ASSET # 1461

START TIME: 9:30

FINISH TIME: 9:50

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
1	Schedule and coordinate work with operating personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	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"/>	
1	Inspect lighting contactor for pitting or arcing -report issues.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>checked</i>
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>all good</i>
3	Check for proper light operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>checked</i>
4	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>checked</i>
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>checked</i>
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>checked</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:**