

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

FAC ID Building: Alexandria VA002 Date of Visit: 1/3/19

Contractor Personnel on Site:

1. <u>Patrick Donovan</u>	4. _____
2. _____	5. _____
3. _____	6. _____

Work Performed:

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

- 8 LIST WO# 7088, 7128, 7129
- 6 Parking lot lights, Hot water transfer pumps, Overhead
- 8 doors, Access Keypad, Key Card scanner, Double + Single
- 8 gates, filters for PTAC's

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan

Date: 1/3/19

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: _____

Date: _____

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **LIGHTING, OUTSIDE**

SITE AND BLDG #: Alexandria VHM02

MECHANIC SIGNATURE: [Signature]

DATE: 1/2/19

LOCATION/RM #: Blgd #2 WO# 7028 ASSET # 1461 #1-#9

START TIME: 1:05

FINISH TIME: 1:35

CHECK POINT	CHECK/TEST DESCRIPTION	SPECIAL INSTRUCTIONS	TASK COMPLETE		NOTES/ACTIONS (IF TASK ENCOUNTERS DEFICIENCY, PROVIDE THE ACTION)
			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"/>		
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"/>		
TO BE PERFORMED AT 12 MONTH INSPECTION SERVICE					
1	Open and tag switch.		<input checked="" type="checkbox"/>		<u>Tag</u>
2	Inspect visual condition of wiring. Look for evidence of overheating.		<input checked="" type="checkbox"/>		<u>all good</u>
3	Check for proper light operation.		<input checked="" type="checkbox"/>		<u>all good</u>
4	Test operation of automatic switches/ time clock <u>protocols</u> if applicable.		<input checked="" type="checkbox"/>		<u>good</u>
5	Inspect light pole and mounting devices for deficiencies.		<input checked="" type="checkbox"/>		<u>good</u>
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.		<input checked="" type="checkbox"/>		<u>done all good</u>

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: