

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: VA039-02

MECHANIC
 SIGNATURE: *Andy Bid* DATE: 4-3-19

LOCATION/RM #:

START TIME: 9AM FINISH TIME: 3PM

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
VA039-02	8338	7415		<i>N/A</i>			J-1502000-45 10-pc Flood Light, Pole Mounted Fluorescent	<i>Motor pool</i>
VA039-02	8338	7445		<i>N/A</i>			J-1502000-45 3-pc Double Light, Pole Mounted Aluminum Fluorescent	<i>Motor pool</i>

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.	<input checked="" type="checkbox"/>		
2	Schedule and coordinate work with operating personnel.	<input checked="" type="checkbox"/>		
3	Follow lock out/tag out procedures always. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	<input checked="" type="checkbox"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Open and tag switch.	<input checked="" type="checkbox"/>		
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>		
3	Check for proper light operation.	<input checked="" type="checkbox"/>		
4	Test operation of automatic switches/ time clock/ photocells if applicable.		<input checked="" type="checkbox"/>	<i>N/A</i>
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>		

6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>		
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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:**

