

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Contractor Personnel on Site:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Work Performed:**

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: 

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: 

E-Mail: \_\_\_\_\_

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### INTERIOR LIGHTING

ACTIVITY AND BLDG #: VA701-02MECHANIC  
SIGNATURE: DATE: 02-10-22LOCATION/RM #: \_\_\_\_\_ WO# 16372 ASSET # 3Y244START TIME: 0900FINISH TIME: 1630

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                                                                                                                 | TASK COMPLETE |    | NOTES/ ACTIONS<br>(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. | ✓             |    |                                                                         |
| 2                                          | Replace bulbs where applicable. Note quantity of bulbs replaced. If lift is required, schedule accordingly.                                            | ✓             |    |                                                                         |
| 3                                          | Test light fixture. If light does not work, replace starters and/or ballasts as necessary.                                                             | ✓             |    |                                                                         |
| 4                                          | Note and report any needed electrical repairs.                                                                                                         | ✓             |    |                                                                         |
| 5                                          | Properly dispose of any non-working bulbs and ballasts.                                                                                                | ✓             |    |                                                                         |
| 6                                          | Clean up area and remove any trash.                                                                                                                    | ✓             |    |                                                                         |

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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**