

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 10/8/20

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>PATRICK BROWN</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

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

1. WO'S 10268 10269
2. INTERIOR LIGHTING THROUGHTOUT
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

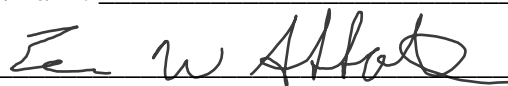
Print Name: Patrick Brown Date: 10/7/20

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: SFC ERIC ABBOTT Date: 10/8/20

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### INTERIOR LIGHTING

ACTIVITY AND BLDG #: NY051-01

MECHANIC  
SIGNATURE

DATE: 10/8/20

LOCATION/RM #: WO# 10268 ASSET # 190917-277

START TIME: 9am

FINISH TIME: 10am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no burned out or flickering lights
2	Replace bulbs where applicable. Note quantity of bulbs replaced. If lift is required, schedule accordingly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no bulbs replaced
3	Test light fixture. If light does not work, replace starters and/or ballasts as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Note and report any needed electrical repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no electrical repairs needed
5	Properly dispose of any non-working bulbs and ballasts.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Clean up area and remove any trash.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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:**