

**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:**

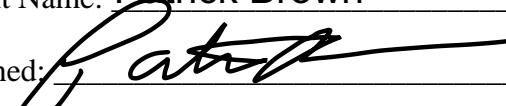
**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- |   |
|---|
| 1. <u>WO'S 10268 10269</u>              |
| 2. <u>INTERIOR LIGHTING THROUGHTOUT</u> |
| 3. _____                                |
| 4. _____                                |
| 5. _____                                |
- 

**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 #: **NY051-02**MECHANIC  
SIGNATURE: DATE: **10/8/20**

LOCATION/RM #:

WO# **10269**ASSET # **190917-302**

START TIME

**11am**FINISH TIME: **12pm**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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 bulbs or flickering
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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**