

**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

### TIME CLOCK, LIGHTING

SITE AND BLDG #: NY126-01

MECHANIC  
SIGNATURE: 

DATE: 8/8/19

LOCATION/RM #: WO# 10360 ASSET # 7434

START TIME: 9:30am

FINISH TIME: 10am

| CHECK POINT                                | CHECKPOINT DESCRIPTION   | TASK COMPLETE |    | NOTES/ ACTIONS<br>(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. | ✓             |    |   |
| 2  | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.                      | ✓             |    |   |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |  |               |    |   |
| 1  | Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.  | ✓             |    | time clock is clean   |
| 2  | Check physical connections.  | ✓             |    | connections are good  |
| 3  | Verify the timeclock configuration, ensure proper operation.   | ✓             |    | time clock functions properly   |
| 4  | If applicable, check battery and replace as needed.  |               | ✓  | no batteries  |

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:**