

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: NY051 Date of Visit: 11-15-18

Contractor Personnel on Site:

1. Patrick Brown
2. _____
3. _____
4. _____

Work Performed:

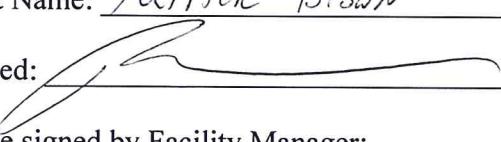
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 1004 MO, 1005 MO, 1037 QT, 1038 QT, 1039 QT, 1040 QT
2. Flood Light, Single Gate, Hot Water Pump, Chill Water Pump, Emergency Light
3. Emergency Exit Sign
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

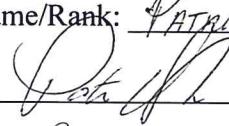
Print Name: Patrick Brown Date: 11-15-18

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: PATRICK HANLON Date: 15 Nov 2018

Signed: 

E-Mail: Patrick.a.hanlon.mil@gmail.com

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: N4051-02

LOCATION/RM #: Bldg 1 WO# 1039 ASSET # 10067
1040 10068MECHANIC
SIGNATURE: 

DATE: 11-15-18

START TIME: 9 AM

FINISH TIME: 12:00 pm

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"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect for structural defects, note needed repairs	<input checked="" type="checkbox"/>		I sent a report to Adm
2	Push test buttons and observe light operation. Note any units that do not operate properly.	<input checked="" type="checkbox"/>		
3	Clean exterior with dry cloth.	<input checked="" type="checkbox"/>		
4	For Exit lights check for proper arrow direction.	<input checked="" type="checkbox"/>		Arrow direction was correct on all units
5	Make and/or recommend any needed repairs.	<input checked="" 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: