

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 11/2/20

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 10387FQ, 10404MO, 10493-10499QT, 10624SA, 10637PMM, 10651PMQ
2. 10500-10502QT, 10652Q, 10503-10504QT
3. ICE MAKERS, LIGHTING, WATER PUMP, FREEZER, GATE, ISOLATION VALVES,
4. GLYCOL FEED SYSTEM, CHLLER, EXPAN TANKS, WATRE HEATERS
5. \_\_\_\_\_

-----

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 11/2/20

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: AMMIE MEARERO Date: 11/2/20

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### EMERGENCY EXIT SIGNS AND WALL PACKS

**ACTIVITY AND BLDG #:** NY067-03

**MECHANIC**  
**SIGNATURE** 

DATE: 11/2/20

|                |     |       |         |       |
|----------------|-----|-------|---------|-------|
| LOCATION/RM #: | WO# | 10503 | ASSET # | 10643 |
|                |     | 10504 |         | 10644 |

START TIME: 4pm

**FINISH TIME:** 4:30pm

| 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  | Inspect for structural defects, note needed repairs   | ✓             |    |   |
| 2  | Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket | ✓             |    | lights function properly  |
| 3  | Clean exterior with dry cloth.  | ✓             |    |   |
| 4  | For Exit lights check for proper arrow direction.   | ✓             |    | Arrow directions are proper   |
| 5  | Make and/or recommend any needed repairs.   | ✓             |    | no repairs needed at this time  |

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:**