

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 11/23/20

Contractor Personnel on Site:

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

**Work Performed:**

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

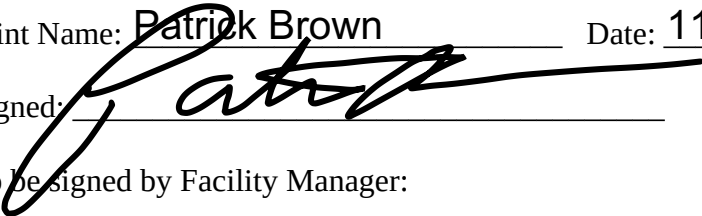
1. WO's 10556-105621QT, 10663PMM, 10641PMQ, 10658PMS, 10563-10565QT
2. REFRIDGEATORS, WATER HEATERS, LIGHTING, EXPANSION TANK,
3. ISOLATION VALVES, DOWNSPOUTS, GUTTERS
4.
5.

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 11/23/20

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: MR McCarthy Date: 11/23/20

Signed: 

E-Mail:

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**EMERGENCY EXIT SIGNS AND WALL PACKS**

ACTIVITY AND BLDG #: NY013-01  
 10560 9243  
 LOCATION/RM #: WO# 10561 ASSET # 9244  
 10562 9245

MECHANIC  
 SIGNATURE: 

DATE: 11/23/20

START TIME: 9am

FINISH TIME: 9:30am

| 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                                                                             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no structural defects noted                                             |
| 2                                          | Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | units function properly                                                 |
| 3                                          | Clean exterior with dry cloth.                                                                                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                         |
| 4                                          | For Exit lights check for proper arrow direction.                                                                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Arrow directions are proper                                             |
| 5                                          | Make and/or recommend any needed repairs.                                                                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | I replaced two exit sign batteries and one wall pack battery            |

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct materials) on-site at no charge. For any deficiencies found

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:**