

**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. _____ |
| 2. _____                | 4. _____ |

**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 (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 discription of the deficiency.

To be perfomed by: General Maintenance Worker

**Additional Notes:**