

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 11/24/20

Contractor Personnel on Site:

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

Work Performed:

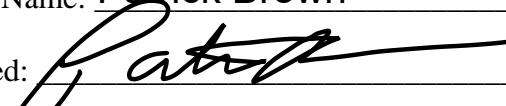
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S 10421-10422MO, 10612-10615QT, 10632SA, 10635PMM, 10648PMQ
2. 10660PMS, 10616-10619QT
3. LIGHTING, GATES, WATERPUMP, CHILLER, EXPANSION TANKS
4. WATER HEATER, DOWNSPOUTS/GUTTERS,
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 11/24/20

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: SGT STORMS Date: 11/24/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: **NY039-02**MECHANIC
SIGNATURE: DATE: **11/24/20**

| | | |
|----------------|------------------|---------------------|
| LOCATION/RM #: | WO# 10616 | ASSET # 9940 |
| | | 10617 |
| | | 9941 |

START TIME: **12:30pm**FINISH TIME: **1pm**

| 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 | ✓ | / | no 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 | ✓ | / | units 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 |

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: