

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 12/9/20

Contractor Personnel on Site:

| | |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

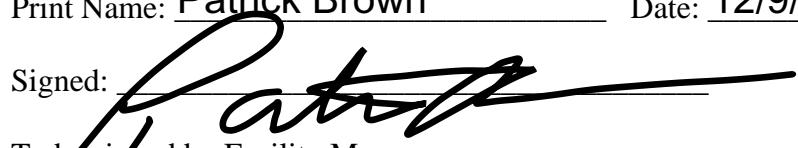
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO's 10729-10730PMFQT, 10808-10809PMMO, 10874-10875PMSA
2. 11043PMM, 11066PMS, 10731FQT, 10732FQT, 10836PMQT
3. 10876-10877PMSA, 11067PMS
4. FILTERS, GATES, HEATERS, WALL PACKS, FENCE, PTAC, EXHAUST
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/9/20

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: SFC PATRIC HANLON Date: 12/9/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: NY051-01

| | |
|----------------|------------------|
| WO# 10808 | ASSET # 10066 |
| LOCATION/RM #: | 11043 190917-294 |
| | 11066 191907-293 |

MECHANIC
SIGNATURE:
Patton

DATE: 12/9/20

START TIME: 8am

FINISH TIME: 8:30am

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---------------|----|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 1 | Schedule and coordinate work with operating personnel. | ✓ | | |
| 2 | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. | ✓ | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Inspect lighting contactor for pitting or arcing - report issues | ✓ | | no pitting or arcing |
| 2 | Inspect visual condition of wiring. Look for evidence of overheating. | ✓ | | no evidence of overheating |
| 3 | Check for proper light operation. | ✓ | | lights function properly |
| 4 | Test operation of automatic switches/ time clock/ photocells if applicable. | ✓ | | photo cells function properly |
| 5 | Inspect light pole and mounting devices for deficiencies. | ✓ | | mounting is good |
| 6 | For any noted deficiency, takes pictures and open corrective maintenance ticket. | | | no deficiencies noted |

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: