

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 12/8/20

Contractor Personnel on Site:

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

Work Performed:

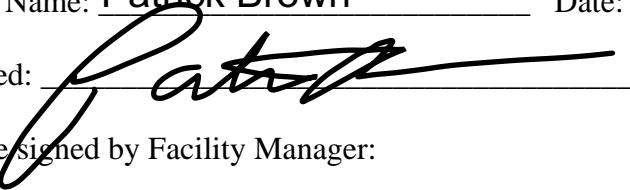
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO's 10720PFQ,10799-10800PMFQT, 10831-10832PMMO
2. 11032-11037PMSA, 11042PMM
3. 11049PMQ, 11063PMS, 10866PMQT, 11038PMSA, 11064-11065PMS
4. FILTERS, LIGHTING, HEATERS,GATES, SUMP PUMP, WALL PACKS,
5. EXHAUST SYSTEM

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/8/20

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: 12/8/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: NY039-01

MECHANIC
SIGNATURE: 

DATE: 12/8/20

| | | |
|----------------|-----------|--------------|
| LOCATION/RM #: | WO# 10831 | ASSET # 9932 |
| | 11037 | 9931 |

START TIME: 7:30am

FINISH TIME: 8am

| 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 | | | |
| 2 | Inspect visual condition of wiring. Look for evidence of overheating. | ✓ | | |
| 3 | Check for proper light operation. | | | |
| 4 | Test operation of automatic switches/ time clock/ photocells if applicable. | | | |
| 5 | Inspect light pole and mounting devices for deficiencies. | | | |
| 6 | For any noted deficiency, takes pictures and open corrective maintenance ticket. | | | |

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:

asset 9931 has a cm request submitted asset 9932 are single light poles