

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: NY067 Date of Visit: 11-20-18

Contractor Personnel on Site:

1. Patrick Brown
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Work Performed:

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

1. 1010 MO, 1119 QT, 1120 QT, 1121 QT, 1122 QT, 1123 QT, 1124 QT, 1125 QT, 1126 QT
2. 1127 QT, 1128 QT, 1129 QT, 1130 QT
3. Motor Vehicle Area Light, Chill Water Pump, Hot Water Pump, Freezer, Fridge, Ice Maker
4. Emergency Light, Water Heater, Emergency Light, Emergency Exit Sign
5. \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 11-20-18

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: Douglas Rushko Date: 11/20/18

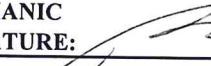
Signed: 

E-Mail: douglas.rushko.dns@mail.mil

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

ACTIVITY AND BLDG #: NY067 - Bldg 3

LOCATION/RM #: Bldg 3 WO# 1129 ASSET # 10643

MECHANIC  
SIGNATURE:   
DATE: 11-20-18

START TIME: 1:00

FINISH TIME: 1:30

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.	<input checked="" type="checkbox"/>		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Inspect for structural defects, note needed repairs	<input checked="" type="checkbox"/>		
2	Push test buttons and observe light operation. Note any units that do not operate properly.	<input checked="" type="checkbox"/>		
3	Clean exterior with dry cloth.	<input checked="" type="checkbox"/>		
4	For Exit lights check for proper arrow direction.	<input checked="" type="checkbox"/>		Arrows were correct
5	Make and/or recommend any needed repairs.	<input checked="" type="checkbox"/>		I sent a report to Adam

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:**