

**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. <u>Patrick Brown</u> | 3. _____ |
| 2. _____ | 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. _____

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 Rusho Date: 11/20/18

Signed: _____

E-Mail: douglas.rusho.dug mail, mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: NX067 - Bldg 3MECHANIC
SIGNATURE: _____DATE: 11-20-18LOCATION/RM #: Bldg 3 WO# 1130 ASSET # 10643
10644START TIME: 1:00FINISH TIME: 1:30

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect for structural defects, note needed repairs	✓		
2	Push test buttons and observe light operation. Note any units that do not operate properly.	✓		
3	Clean exterior with dry cloth.	✓		
4	For Exit lights check for proper arrow direction.	✓		Arrows were correct
5	Make and/or recommend any needed repairs.	✓		I sent a report to Admin

Note: The technician shall perform comprehensive life safety inspection on all fire alarm control panels, pull stations, and other fire alarm components.

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 performed by: General Maintenance Worker

Additional Notes: