

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE007 Date of Visit: 12/17/19

Contractor Personnel on Site:

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

Work Performed:

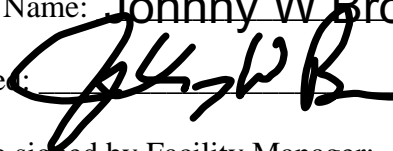
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S 11315FQ,11336MO,11361QT,11368SA,11387PMF,11396PMQ,11402PMS
2. 11316FQ,11337MO, 11347QT
3. FILTERS, VEHICLE EXHAUST, CIRCULATING PUMPS, FAN COIL UNITS,
4. EXPANSION TANKS, CHEMICAL POT FEEDER, GATE
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

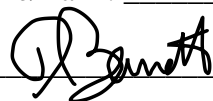
Print Name: Johnny W Brown Date: 12/17/19

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: Danielle Barrett Date: 12/17/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

LIGHTING, OUTSIDE

SITE AND BLDG #: **DE007-01**MECHANIC
SIGNATURE:

 DATE: **12/17/19**
LOCATION/RM #: WO# **11336** ASSET # **1453**START TIME: **0900**FINISH TIME: **1630**

| 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Inspect lighting contactor for pitting or arcing - report issues | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Inspect visual condition of wiring. Look for evidence of overheating. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Check for proper light operation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Test operation of automatic switches/ time clock/ photocells if applicable. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Inspect light pole and mounting devices for deficiencies. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 6 | For any noted deficiency, takes pictures and open corrective maintenance ticket. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

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: