

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 1/13/21

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. <u>WO#'s</u>
2. <u>11430,11449,11457,11438,11450,11458,11451,11459</u>
3. <u>ASSET#'S</u>
4. <u>190917-646,648,649,653,654,656,657,661,684,602,621,</u>
5. <u>644,724,712,687,729,732,</u>

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1/13/21

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: CHRIS Pothier AFOS Date: 1/13/21

Signed: 

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**LIGHTING, OUTSIDE**

**SITE AND BLDG #:** NY127 BLDG2

**MECHANIC  
SIGNATURE:** 

**DATE:** 1/13/21

**LOCATION/RM #:** MOP **WO#** 11438 **ASSET #** 190917-724 **START TIME:** 1pm **FINISH TIME:** 1:30pm

<b>CHECK POINT</b>	<b>CHECKPOINT DESCRIPTION</b>	<b>TASK COMPLETE</b>		<b>NOTES/ ACTIONS</b> (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		<b>YES</b>	<b>NO</b>	
<b>SPECIAL INSTRUCTIONS</b>				
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"/>	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Inspect lighting contactor for pitting or arcing - report issues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no pitting or arcing
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no evidence of overheating
3	Check for proper light operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	lights function properly
4	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all function properly
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	light pole and mounting are good
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no noted deficiency

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:**