

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 1/12/21

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 11174 - ,11179,11180, -</u>      | <u>11185,11310,11362,11363,11364,11435,1144</u> |
| 3. <u>3,11365,11366</u>                       |   |
| 4. <u>ASSET #'S 10570 - 10581 ,</u>           |   |
| 5. <u>10612,10620,10621,10622,90917-450 ,</u> |   |
| <u>190917-421</u>                             |   |

---

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1/12/21

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: SSG WILLIAM MONTES Date: 1/12/21

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**INTERIOR LIGHTING**

ACTIVITY AND BLDG #: **NY067 BLDG1**

MECHANIC  
SIGNATURE: 

DATE: **1/12/21**

LOCATION/RM #: **BLDG1** WO# **11443**

ASSET # **190917-421**

START TIME: **11am**

FINISH TIME: **11:30am**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION   | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|---------------|----|---|
|   |  | YES           | NO |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |  |               |    |   |
| 1   | Visually check all accessible areas for burned out bulbs and/or flickering lights. Check with the facility manager to see if they know of any outages. | ✓             | /  | no flickering lights  |
| 2   | Replace bulbs where applicable. Note quantity of bulbs replaced. If lift is required, schedule accordingly.  | ✓             | /  | no bulbs needed to be replaced  |
| 3   | Test light fixture. If light does not work, replace starters and/or ballasts as necessary.   | ✓             | /  | no starters or ballast replaced   |
| 4   | Note and report any needed electrical repairs.   | ✓             | /  | no needed electrical repairs  |
| 5   | Properly dispose of any non-working bulbs and ballasts.  | ✓             | /  |   |
| 6   | Clean up area and remove any trash.  | ✓             | /  |   |

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:**