

**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

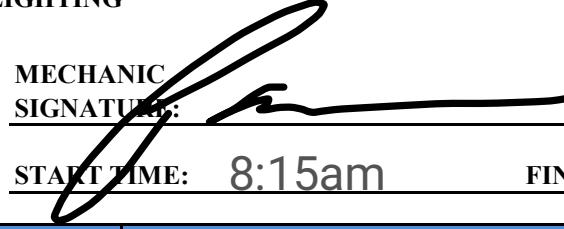
Signed: 

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

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

**ACTIVITY AND BLDG #:** **NY127 BLDG1**

**LOCATION/RM #:** **kitchen** **WO#** **11449** **ASSET #** **190917-684**

**MECHANIC  
SIGNATURE:** 

**DATE:** **1/13/21**

**START TIME:** **8:15am**

**FINISH TIME:** **9am**

<b>CHECK POINT</b>	<b>CHECKPOINT DESCRIPTION</b>	<b>TASK COMPLETE</b>		<b>NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</b>
		<b>YES</b>	<b>NO</b>	
<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:**