

**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>

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 BLDG3**MECHANIC
SIGNATURE: DATE: **1/13/21**LOCATION/RM #: **BLDG3** WO# **11451**ASSET # **190917-729**START TIME: **1:45pm**FINISH TIME: **2:15pm**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
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.	✓	/	no bulbs replaced
6	Clean up area and remove any trash.	✓	/	no 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: