

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: DE007 Date of Visit: 2/6/20

Contractor Personnel on Site:

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

### **Work Performed:**

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

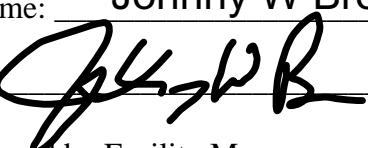
1. WO'S 11587FQ, 11636MO, 11649QT, 11670SA, 11679PMA, 11689PMF,
2. 11588FQ, 11637MO, 11650QT
3. FILTERS, OUTSIDE LIGHTING, KITCHEN EQUIP, WATER HEATERS,
4. TIME CLOCK LIGHTINGVAV, ERV, MAKE UP AIR UNIT, GATE
5. \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 2/6/20

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: 2/6/20

Signed: 

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

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

SITE AND BLDG #: **DE007-01**MECHANIC  
SIGNATURE: **2/6/20**LOCATION/RM #: **WO# 11636 ASSET # 1453**START TIME: **0900**FINISH TIME: **1630**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---------------|----|---|
|   |   | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |   |               |    |   |
| 1   | Schedule and coordinate work with operating personnel.  |               |    |   |
| 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. |               |    |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |               |    |   |
| 1   | Inspect lighting contactor for pitting or arcing - report issues  |               |    |   |
| 2   | Inspect visual condition of wiring. Look for evidence of overheating.   |               |    |   |
| 3   | Check for proper light operation.   |               |    |   |
| 4   | Test operation of automatic switches/ time clock/ photocells if applicable.   |               |    |   |
| 5   | Inspect light pole and mounting devices for deficiencies.   |               |    |   |
| 6   | For any noted deficiency, takes pictures and open corrective maintenance ticket.  |               |    |   |

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:**