

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 2/22/21

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. WO#'S , 11497 , 11523 - 11526 , 11549 , 11565 , 11654 -
  2. 11665 , 11799 , 11800 , 11846 , 11860 , 11875 , 11876 ,
  3. 11861 , 11877
  4. ASSET#'S , 190917- , 430-434 , 446 , 447 , 452 , 455 , 458 ,
  5. 459 , 10564-10569 , 10612-10614 , 10559 , 10560 ,  
10608 , 10609 , 10628 , 10636-10638 , 10643 , 10644
- 

**CERTIFICATION OF WORK**

To be signed by the Contractor:

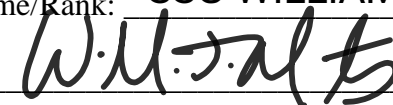
Print Name: Patrick Brown Date: 2/22/21

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: 2/22/21

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**EMERGENCY EXIT SIGNS AND WALL PACKS**

ACTIVITY AND BLDG #: NY067 BLDG1

MECHANIC  
SIGNATURE: 

DATE: 2/22/21

LOCATION/RM #: BLDG1 WO# 11659 ASSET # 10613

START TIME: 12pm

FINISH TIME: 12:30pm

| CHECK<br>POINT                             | CHECKPOINT DESCRIPTION  | TASK COMPLETE                       |                                     | NOTES/ ACTIONS<br><br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|---|-------------------------------------|-------------------------------------|---|
|  |   | YES                                 | NO                                  |   |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |   |                                     |                                     |   |
| 1  | Inspect for structural defects, note needed repairs   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no structural defects   |
| 2  | Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | units function properly   |
| 3  | Clean exterior with dry cloth.  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | units have been wiped down  |
| 4  | For Exit lights check for proper arrow direction.   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Arrow directions are proper   |
| 5  | Make and/or recommend any needed repairs.   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no repairs needed   |

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 discription of the deficiency.

To be perfomed by: General Maintenance Worker

**Additional Notes:**