

**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. Patrick Brown 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:

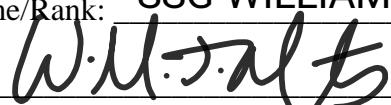
Print Name: Patrick Brown Date: 2/22/21

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

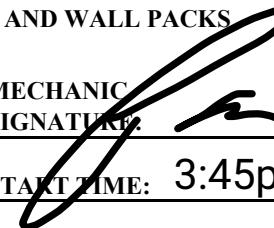
Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: **NY067 BLDG2**

| | | | | | |
|----------------|--------------|-----|--------------|---------|--------------|
| LOCATION/RM #: | BLDG2 | WO# | 11662 | ASSET # | 10637 |
| | | | 11663 | | 10638 |

MECHANIC
SIGNATURE: DATE: **2/22/21**START TIME: **3:45pm**FINISH TIME: **4pm**

| 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 | Inspect for structural defects, note needed repairs | <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> | units function properly |
| 3 | Clean exterior with dry cloth. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | units have been wiped down |
| 4 | For Exit lights check for proper arrow direction. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Arrow directions are proper |
| 5 | Make and/or recommend any needed repairs. | <input checked="" type="checkbox"/> | <input 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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: