CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE

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

FACID/Building: __NY013_____ Date of Visit: __2/25/21_____

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, 11717-11726 , 11527 , 11528 , 11842 ,_____
2. __11850 , 11867 ,_____
3. __ASSET#'S , 9218-9220 , 9222 , 9240 , 9241 , 9243-9245 ,__
4. __9261-9263 , 190917- , 131 , 102 , 103 , 132 , 119 , 124 ,__
5. __125 , 126_____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: __Patrick Brown_____ Date: __2/25/21_____

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:
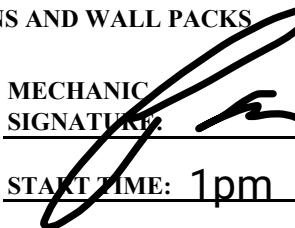
Print Name/Rank: __MR McCarthy_____ Date: __2/25/21_____

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: NY013 BLDG2

MECHANIC SIGNATURE: _(signature)_ **DATE:** 2/25/21

LOCATION/RM #: BLDG2   **WO#** 11725   **ASSET #** 9262
           11726   9263

START TIME: 1pm   **FINISH TIME:** 1:15pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE YES	TASK COMPLETE NO	NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
	TO BE PERFORMED AT EACH INSPECTION SERVICE			
1	Inspect for structural defects, note needed repairs	✓		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	✓		units function properly
3	Clean exterior with dry cloth.	✓		units have been wiped down
4	For Exit lights check for proper arrow direction.	✓		Arrow directions are proper
5	Make and/or recommend any needed repairs.	✓		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: