

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 2/10/21

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, 11541 , 11582 , 11583 , 11773-11780 ,
2. 11841 , 11844 , 11857 , 11869 , 11870 , 11506 ,
3. ASSET#'S, 9902 , 9932 , 9935 , 9898 , 9929 , 9933 ,
4. 9934 , 9930 , 9940 , 9941 , 9946 , 9947 ,
5. 190917-269,250,251,263,268,243,244,271,273

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

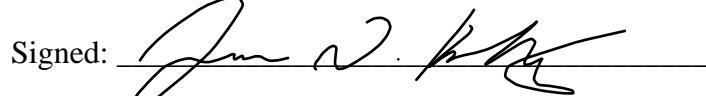
Print Name: Patrick Brown Date: 2/10/21

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: SSGT JAMES KELLEY Date: 2/10/21

Signed: 

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

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

ACTIVITY AND BLDG #: **NY039 BLDG1 9933**

MECHANIC  
SIGNATURE:

DATE: **2/10/21**

LOCATION/RM #: **BLDG1 WO# 11775 ASSET # 9934**

START TIME: **10:30am**

FINISH TIME: **11am**

**11776 190917-268**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | TASK COMPLETE                       |                          | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|-------------------------------------|--------------------------|---|
|   |   | YES                                 | NO                       |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |                                     |                          |   |
| 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:**