

**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. <u>Patrick Brown</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

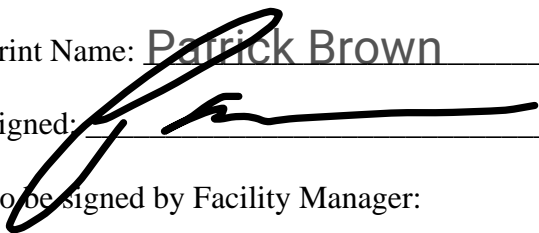
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

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

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: 

To be signed by Facility Manager:

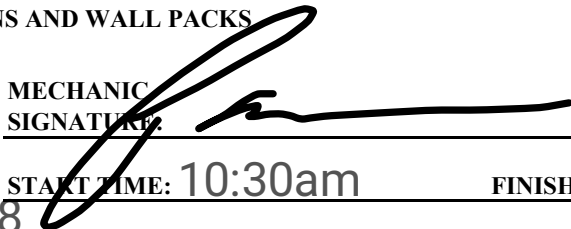
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

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 (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: