

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 5/11/21

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 , 12729 - 12738 , 12808 , 12816 , 12833
2. ASSET#'S, 9220 , 9222 , 9240 - 9245 , 9261 - 9263 ,
3. 190917- , 131 , 132 , 102 , 103 , 127 , 128
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/11/21

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: CANDI HUTCHINS Date: 5/11/21

Signed: 

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

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

ACTIVITY AND BLDG #: NY013 BLDG2

MECHANIC  
SIGNATURE: 

DATE: 5/11/21

LOCATION/RM #: BLDG2 WO# 12737 ASSET # 9262  
12738 9263

START TIME: 1pm

FINISH TIME: 1:30pm

| CHECK POINT                                | CHECKPOINT DESCRIPTION  | TASK COMPLETE                       |                                     | NOTES/ ACTIONS<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:**