

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY035 Date of Visit: 11-19-18

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. 1266 QT, 1267 QT, 1268 QT, 1269 QT, 1270 QT, 1271 QT, 1272 QT, 1273 QT
2. 1274 QT, 1275 QT, 1276 QT, 1277 QT
3. Fridge, Freezer, Water Heater, Emergency Light, Emergency Exit Sign, Fridge, Water Heater,
4. Exit Sign
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 11-19-18

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: _____ Date: _____

Signed: 

E-Mail: douglas.rushlo.ctny@mail.mil

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

ACTIVITY AND BLDG #: NY035 - Bldg 2

MECHANIC
SIGNATURE: [Signature]

DATE: 11-19-18

LOCATION/RM #: Bldg 2 WO# 1277 ASSET # 9883

START TIME: 12:30

FINISH TIME: 1:00

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect for structural defects, note needed repairs	✓		No Defects
2	Push test buttons and observe light operation. Note any units that do not operate properly.	✓		All Buttons worked correctly
3	Clean exterior with dry cloth.	✓		Wiped Down Exit signs
4	For Exit lights check for proper arrow direction.	✓		Arrows were correct
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 performed by: General Maintenance Worker

Additional Notes: