

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: MD002 Date of Visit: 11/30/20

Contractor Personnel on Site:

|                      |          |
|----------------------|----------|
| 1. <u>John Brown</u> | 3. _____ |
| 2. _____             | 4. _____ |

### **Work Performed:**

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

1. WO'S 12937FQ,12979MO,12992QT,13015SA,13085Q,13100S, 13016SA,12993QT,
2. 12938FQ,12994QT,13017SA,12939FQ,13018SA,13056F,13081Q,13095PMS,
3. FILTERS,OUTSIDE LIGHTING, KITCHEN EQUIP, WATER HEATERS, EXP TANK
4. AIR HANDLERS,CONDENSING UNITS, CHILLER, DEHUMIDIFIERS,
5. VFD'S, FURNACE, SUMP PUMP,VRF UNITS,AHU UNITS

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 11/30/20

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: SFC Jason Lamontagne Date: 11/30/20

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**LIGHTING, OUTSIDE**

SITE AND BLDG #: **MD002-01**MECHANIC  
SIGNATURE: DATE: **11/9/20**

|                |                  |                     |
|----------------|------------------|---------------------|
| LOCATION/RM #: | WO# <b>12979</b> | ASSET # <b>1455</b> |
|                | <b>12992</b>     | <b>1503</b>         |

START TIME: **0900**FINISH TIME: **1630**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---------------|----|---|
|   |   | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |   |               |    |   |
| 1   | Schedule and coordinate work with operating personnel.  | /             | /  |   |
| 2   | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. | /             | /  |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |               |    |   |
| 1   | Inspect lighting contactor for pitting or arcing - report issues  | /             | /  |   |
| 2   | Inspect visual condition of wiring. Look for evidence of overheating.   | /             | /  |   |
| 3   | Check for proper light operation.   | /             | /  |   |
| 4   | Test operation of automatic switches/ time clock/ photocells if applicable.   | /             | /  |   |
| 5   | Inspect light pole and mounting devices for deficiencies.   | /             | /  |   |
| 6   | For any noted deficiency, takes pictures and open corrective maintenance ticket.  | /             | /  |   |

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:**