

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA099 Date of Visit: 11.12.2020

Contractor Personnel on Site:

- | | |
|--------------------------|------------|
| 1. <u>RICHARD WALKER</u> | 3. <u></u> |
| 2. <u></u> | 4. <u></u> |

Work Performed:

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

1. WO'S 12953FQ,12985MO,13009QT,13034SA,12954FQ,12986MO,13010QT
2. 13035SA
3. FILTERS, ERU'S,GATE, KITCHEN EQUIP, WATER HEATERS,OUTSIDE LIGHTING
4. AIR HANDLER. MAKE UP AIR UNIT, DEHUMIDIFIER
5. COOLING COIL, CONDENSING UNIT

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 11.12.2020

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: Don Huson Date: 11.12.2020

Signed: 

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

LIGHTING, OUTSIDE

SITE AND BLDG #: VA099-02

MECHANIC
SIGNATURE:*Rich Walker*

DATE: 11.12.2020

LOCATION/RM #: *Outside* 12986 1466
Area 4 WO# ASSET # 1467
 13010 1616

START TIME:

9am

FINISH TIME:

7pm

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|---|-------------------------------------|-------------------------------------|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 1 | Schedule and coordinate work with operating personnel. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 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. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Inspect lighting contactor for pitting or arcing - report issues | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 2 | Inspect visual condition of wiring. Look for evidence of overheating. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 3 | Check for proper light operation. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 4 | Test operation of automatic switches/ time clock/ photocells if applicable. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 5 | Inspect light pole and mounting devices for deficiencies. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 6 | For any noted deficiency, takes pictures and open corrective maintenance ticket. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |

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: