

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA701 Date of Visit: 11.24.2020

Contractor Personnel on Site:

1. <u>Richard Walker</u>	3. _____
2. _____	4. _____

Work Performed:

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

1. WO's12955PFQ,13036PMSA,13042PMA,13064PMM, 13080PMQ,13041SA,
2. 13072PMQ
3. FILTERS, DEHUMIDIFIER,AHU UNITS,ERV, CHILLER,GUTTERS
4. DOWNSPOUTS, MISC KITCHEN EQUIPMENT,LIGHTING, WATER HEATER
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 11.24.2020

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: sgt. Casey Date: 11.24.2020

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
INTERIOR LIGHTING

ACTIVITY AND BLDG #: **VA701-02**

LOCATION/RM #: *Back of Property* WO# **13072** ASSET # **3Y244**

MECHANIC
SIGNATURE:

Richard Walker DATE: **11.24.2020**

START TIME:

*8 am*FINISH TIME: **11 pm**

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	Visually check all accessible areas for burned out bulbs and/or flickering lights. Check with the facility manager to see if they know of any outages.	✓	/	
2	Replace bulbs where applicable. Note quantity of bulbs replaced. If lift is required, schedule accordingly.	✓	/	
3	Test light fixture. If light does not work, replace starters and/or ballasts as necessary.	✓	/	
4	Note and report any needed electrical repairs.	✓	/	
5	Properly dispose of any non-working bulbs and ballasts.	✓	/	
6	Clean up area and remove any trash.	✓	/	

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:

*Did not see any
not working*

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: **VA701-02**LOCATION/RM #: *Storage?* WO# **13072**ASSET # **3Y245**MECHANIC
SIGNATURE: *Richard Walker*DATE: **11.24.2020**START TIME: **8am**FINISH TIME: **4pm**

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	✓	/	
2	Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket	✓	/	
3	Clean exterior with dry cloth.	✓	/	
4	For Exit lights check for proper arrow direction.	✓	/	
5	Make and/or recommend any needed repairs.	✓	/	

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: