

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 6/3/21

Contractor Personnel on Site:

1. PATRICK BROWN 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**Work Performed:**

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

1. WO#'S , 12890-12894, 12959 , 12960 , 13038 , 13039 , 13104 ,
2. 13105 , 13283 , 13306 , 12961 , 12962 , 13066 , 13106 , 13107 ,
3. 13307
4. ASSET#'S , 10038-10042 , 10035 , 10036 , 10066 , 10069 ,
5. 10065 , 10073-10077 , 10080 , 190917-294 , 292 , 299 , 293 ,  
297 , 298 , 300 , 303-306

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/3/21

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: SFC PATRIC HANLON Date: 6/3/21

Signed: 

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

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

SITE AND BLDG #: **NY051 BLDG1****10066**LOCATION/RM #: **MOV,POV** WO# **13105**ASSET # **10065**PARKING **13283****190917**CHECK POINT **13306****292-294**

CHECKPOINT DESCRIPTION

SPECIAL INSTRUCTIONS

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.

TO BE PERFORMED AT EACH INSPECTION SERVICE

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.

SPECIAL INSTRUCTIONS

MECHANIC SIGNATURE: DATE: **6/3/21**START TIME: **9am**FINISH TIME: **9:30am**NOTES/ ACTIONS  
(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)

1 no pitting or arcing

2 no evidence of overheating

3 lights function properly

4 all function properly

5 light pole and mounting are good

6 no noted deficiency

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: