

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 6/25/21

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, 13061 , 13062 , 13262-13268 , 12881 ,  
2. 13029 , 13030 , 13272 , 13282 , 13289 , 13303 ,  
3. 13096 , 13304 , 13305 ,  
4. ASSET#'S, 9891 , 9896 , 9932 , 9935 , 9893-9897 ,  
5. 9931 , 9943 , 9939 , 190917-, 248 , 245 , 269 , 264 ,  
267 , 270 , 274 , 275

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/25/21

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: SSGT maniewski Date: 6/25/21

Signed: 

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

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

SITE AND BLDG #: NY039 BLDG1,2,3

LOCATION/RM #:	BLDG1, 2,3	WO#	13061	ASSET #	9932
			13267		9931

MECHANIC  
SIGNATURE: 

DATE: 6/25/21

START TIME: 9am

FINISH TIME: 9:30am

CHECK POINT	CHECK POINT 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 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 type="checkbox"/>		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>					
1	Inspect lighting contactor for pitting or arcing - report issues	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3	Check for proper light operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>	<input 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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**

there is a work order submitted with a quote for fixing all of these lights