

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 6/22/21

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>PATRICK BROWN</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

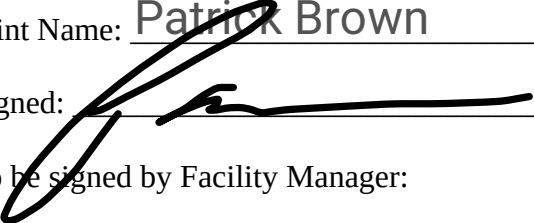
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S, 12884, 12918-12921, 12976-12980, 13044, 13073,
 2. 13074, 13148-13153, 13274, 13284, 13315, 13075,
 3. 13154-13157, 13316, 13317
 4. ASSET#'S, 10552-10558, 10547-10550, 10610, 10615, 10612,
 5. 10611, 10617-10619, 10641, 10623-10625, 10642, 190917-, 423,
424, 427, 428, 451, 450, 423-428, 429, 448, 460, 462,
-

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/22/21

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: MICHAEL MAROTTA Date: 6/22/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **LIGHTING, OUTSIDE**

SITE AND BLDG #: NY067 BLDG1,2,3
 outside BLDG1,2,3 13044, 10612,
 LOCATION/RM #: WO# 13315-, ASSET # 190917-, MECHANIC SIGNATURE:  DATE: 6/22/21
 START TIME: 6am FINISH TIME: 6:30am

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.	☒	☐	
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	☒	☐	no pitting or arcing
2	Inspect visual condition of wiring. Look for evidence of overheating.	☒	☐	no evidence of overheating
3	Check for proper light operation.	☒	☐	lights function properly
4	Test operation of automatic switches/ time clock/ photocells if applicable.	☒	☐	all function properly
5	Inspect light pole and mounting devices for deficiencies.	☒	☐	light pole and mounting are good
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	☒	☐	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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: