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. PATRICK BROWN
2. _____
3. _____
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 ,

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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 **LOCATION/RM #:** **WO#** 13044, 13315-, 13317 13150 **ASSET #** 10612, 190917-, 448,460,462 10611

MECHANIC SIGNATURE: **DATE:** 6/22/21

START TIME: 6am **FINISH TIME:** 6:30am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE YES	TASK COMPLETE NO	NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
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 perfomed by: General Maintenance Worker
Additional Notes: