

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 6/16/21

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, 12888 , 13278 , 13291 , 13322 , 12889 , 13279 , 13287 ,
2. 13292 , 13323 , 13324 ,
3. ASSET#'S, 190917- , 606-611 , 617-620 , 634 , 635 , 604 , 643 , 641 ,
4. 679-681 , 691 , 695-699 , 705 , 706 , 690 , 713 , 724 , 701 , 704 ,
5. 705 , 706 , 725 , 726 , 730 ,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/16/21

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: LARS LUFFMAN Date: 6/16/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: **NY127 BLDG2 BLDG3**LOCATION/RM #: **Outside BLDG2 &3** WO# **13287**ASSET # **190917-724**
13323 **725,730**MECHANIC
SIGNATURE: DATE: **6/16/21**START TIME: **3:30pm**FINISH TIME: **3:45pm**

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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: