

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE001 Date of Visit: 01/19/21

Contractor Personnel on Site:

- |                      |          |
|----------------------|----------|
| 1. <u>John Brown</u> | 3. _____ |
| 2. _____             | 4. _____ |

**Work Performed:**

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

1. 13339, 13351, 13419, 13352, 13420
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:


Print Name: Johnny W Brown Date: 01/19/21

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 Jose Mojica Date: 01/19/21









Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### LIGHTING, OUTSIDE

SITE AND BLDG #: DE001-01MECHANIC  
SIGNATURE: DATE: 01/19/21LOCATION/RM #: \_\_\_\_\_ WO# 13339 ASSET # 1451START TIME: 0900FINISH TIME: 1630

| CHECK POINT                                | CHECKPOINT DESCRIPTION  | TASK COMPLETE  |    | NOTES/ ACTIONS<br><br>(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  |  |    |   |
| 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.  |  |    |   |

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:**