

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 7/27/21

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, 13614-13622 , 13886-13889 , 13928 , 13942 ,
2. 13623-13628 , 13890 , 13891 , 13929
3. ASSET#'S, 9231-9239 , 9215 , 9246 , 9248 , 9249 , 9255-9260 ,
4. 9251 , 9264 , 190917- , 120-123 , 131 , 142 ,
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/27/21

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 KEVIN STEWART Date: 7/27/21

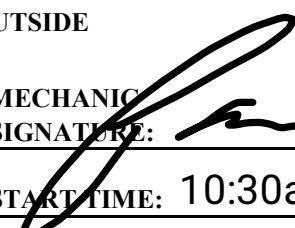
Signed: 

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

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

SITE AND BLDG #: NY013 BLDG1

mov parking      WO# 13942      190917-131  
 LOCATION/RM #:      ASSET #

MECHANIC  
 SIGNATURE: 

DATE: 7/27/21

START TIME: 10:30am

FINISH TIME: 11am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.	/	/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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:**