

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NYO51 Date of Visit: 7/16/21

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 , 13384-13391 , 13804 , 13805 , 13833 , 13834 , 13931 ,
2. 13945 , 13951 , 13964 , 13835 , 13932 , 13952
3. ASSET#'S , 10055-10062 , 10066 , 10069-10071 , 10078 , 190917-,
4. 289 , 290 , 294 , 299 , 277 , 285 , 307-310 , 302
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Patrick Brown Date: 7/16/21

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: SFC ERIC ABBOTT Date: 7/16/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

INTERIOR LIGHTING

ACTIVITY AND BLDG #: NY051 BLDG1 &2

MECHANIC
SIGNATURE: 

DATE: 7/16/21

BLDG1 &2

LOCATION/RM #:

WO# 13951

ASSET # 190917-,

START TIME: 11am

FINISH TIME: 12pm

13952

277,302

277/302

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|--|-------------------------------------|-------------------------------------|---|
| | | YES | NO | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Visually check all accessible areas for burned out bulbs and/or flickering lights. Check with the facility manager to see if they know of any outages. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no flickering lights |
| 2 | Replace bulbs where applicable. Note quantity of bulbs replaced. If lift is required, schedule accordingly. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no bulbs needed to be replaced |
| 3 | Test light fixture. If light does not work, replace starters and/or ballasts as necessary. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no starters or ballast replaced |
| 4 | Note and report any needed electrical repairs. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no needed electrical repairs |
| 5 | Properly dispose of any non-working bulbs and ballasts. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 6 | Clean up area and remove any trash. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |

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: