

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 7/19/21

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>PATRICK BROWN</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

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

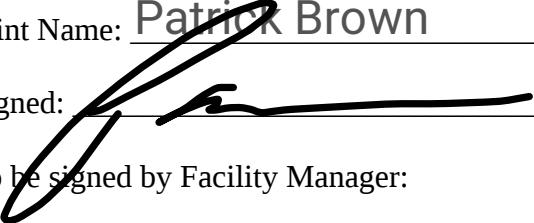
1. WO#'S , 13941 , 13949 , 13961 , 13969 , 13962 , 13970 ,
2. 13939 , 13960 , 13968 , 13940 ,
3. ASSET#'S , 190917-, 717-724 , 712 , 687 , 729 , 732 , 630 ,
4. 647 , 650 , 658 , 662-676 , 684 , 602 , 621 , 644 , 689
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/19/21

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: SSG O'CONNOR Date: 7/19/21

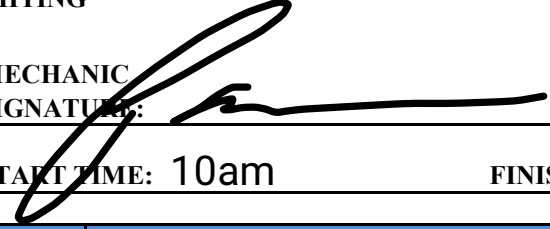
Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### INTERIOR LIGHTING

ACTIVITY AND BLDG #: NY127 BLDG1

MECHANIC  
SIGNATURE: 

DATE: 7/19/21

LOCATION/RM #: BLDG1 WO# 13960 ASSET # 190917-684

START TIME: 10am

FINISH TIME: 10:30am

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