CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE

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

FACID/Building: __NY067_____   Date of Visit: __8/3/21_____

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 , 14010 , 14027 , 14116-14122 , 14261 , 14262 , 14345 ,
2. 14359 , 14374 , 14375 , 14123-14125 , 14360 , 14376 , 14126 ,
3. 14127
4. ASSET#'S , 10568 , 10612-10614 , 10559 , 10560 , 10566-10568 ,
5. 10608 , 10609 , 10636-10638 , 10643 , 10644 , 190917-, 450 , 430-433 , 446 , 449 , 434 , 447 , 452 , 455 , 458 , 459

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: __Patrick Brown_____   Date: __8/3/21_____

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: __AMMIE MEARERO_____   Date: __8/3/21_____

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: NY067 BLDG2

MECHANIC SIGNATURE: *(signature)* **DATE:** 8/3/21

LOCATION/RM #: BLDG2 **WO#** 14124, 14125 **ASSET #** 10637, 10638
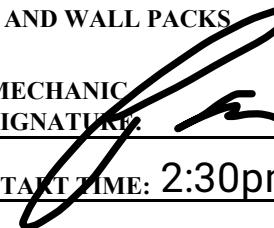
START TIME: 2:30pm **FINISH TIME:** 3pm

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	Inspect for structural defects, note needed repairs	✓		no structural defects
2	Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket	✓		units function properly
3	Clean exterior with dry cloth.	✓		units have been wiped down
4	For Exit lights check for proper arrow direction.	✓		Arrow directions are proper
5	Make and/or recommend any needed repairs.	✓		no repairs needed

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 perfomed by: General Maintenance Worker

Additional Notes: