

**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:

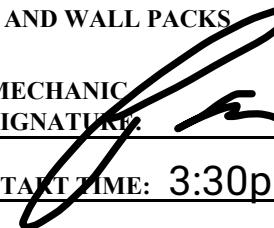
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

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 BLDG3**MECHANIC  
SIGNATURE: DATE: **8/3/21**

LOCATION/RM #: **BLDG3** WO# **14126, 14127** ASSET # **10643, 10644**

START TIME: **3:30pm**FINISH TIME: **4pm**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | TASK COMPLETE                       |                          | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|-------------------------------------|--------------------------|---|
|   |   | YES                                 | NO                       |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |                                     |                          |   |
| 1   | Inspect for structural defects, note needed repairs   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | units function properly   |
| 3   | Clean exterior with dry cloth.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | units have been wiped down  |
| 4   | For Exit lights check for proper arrow direction.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Arrow directions are proper   |
| 5   | Make and/or recommend any needed repairs.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**