

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 9/20 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, 14413 , 14809 , 14819 , 14835 , 14414 , 14810 , 14816 ,
2. 14820 , 14836 ,
3. ASSET#'S, 190917-, 605-614 , 617 , 634 , 635 , 600 , 601 , 643 ,
4. 628 , 629 , 655 , 695 , 698 , 705 , 688 , 715 , 724 , 697 , 691-695
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/20/21

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 HOPPER Date: 9/20/21

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

LIGHTING, OUTSIDE

SITE AND BLDG #: NY127 BLDG2

MECHANIC
SIGNATURE: 

DATE: 9/20/21

LOCATION/RM #: MOV parking

WO# 14816

ASSET # 190917-724

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	
SPECIAL INSTRUCTIONS				
1	Schedule and coordinate work with operating personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect lighting contactor for pitting or arcing - report issues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no pitting or arcing
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no evidence of overheating
3	Check for proper light operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	lights function properly
4	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all function properly
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	light pole and mounting are good
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: