

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 11/2/21

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 , 14940 , 14958 , 14959 , 14980-14983 , 15154 , 15166 ,
2. 15177
3. ASSET#'S , 10043 , 10066 , 10069 , 10044 , 10045 , 10067 ,
4. 10068 , 10037 , 190917- , 294 , 299 , 280-284 , 295 , 296
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 11/2/21

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: 11/2/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: **NY051 BLDG1**

MOV & POV parking
 LOCATION/RM #: **WO# 14958** ASSET # **10066,**
15166 **190917-294**

MECHANIC
 SIGNATURE: 

DATE: **11/2/21**START TIME: **8:30am**FINISH TIME: **9am**

| 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. | / | / | |
| 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. | / | / | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Inspect lighting contactor for pitting or arcing - report issues | ✓ | / | no pitting or arcing |
| 2 | Inspect visual condition of wiring. Look for evidence of overheating. | ✓ | / | no evidence of overheating |
| 3 | Check for proper light operation. | ✓ | / | lights function properly |
| 4 | Test operation of automatic switches/ time clock/ photocells if applicable. | ✓ | / | all function properly |
| 5 | Inspect light pole and mounting devices for deficiencies. | ✓ | / | light pole and mounting are good |
| 6 | For any noted deficiency, takes pictures and open corrective maintenance ticket. | ✓ | / | 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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: