CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE

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

FACID/Building: __NY067_____ Date of Visit: __12/1/21_____

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 , 14951 ,14964 , 15046-15052 , 15155 , 15167 , 15179 ,
2. 15053-15055 , 15180 , 15056 , 15057
3. ASSET#'S , 10612 , 10559 , 10560 , 10566 , 10567 , 10568 ,
4. 10613 , 10614 , 10551 , 10636-10638 , 10643 , 10644 ,
5. 190917-, 450 , 430-433 , 446 , 449 , 455

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: __Patrick Brown_____ Date: __12/1/21_____

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:

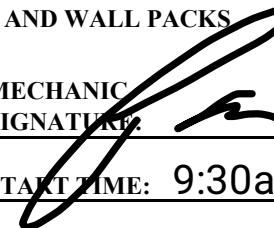Print Name/Rank: __AMMIE Mearero_____ Date: __12/1/21_____

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: NY067 BLDG1

MECHANIC SIGNATURE: *(signature)* **DATE:** 12/2/21

LOCATION/RM #: BLDG1   **WO#** 15051, 15052, 15179   **ASSET #** 10613, 10614, 190917-449

START TIME: 9:30am   **FINISH TIME:** 10:30am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE YES	TASK COMPLETE NO	NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
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:

I replaced one emergency exit sign 2 wall pack lights and two batteries in wall packs