

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 5/26/22

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 , 16919 , 16941 , 17023 , 17024-17029 , 17132 , 17146 ,
2. 17166 , 17030-17032 , 17167 , 17033 , 17034
3. ASSET#'S , 10568 , 10612 , 10559 , 10560 , 10566 , 10567 , 10568 ,
4. 10613 , 10614 , 10551 , 10636 , 10637 , 10638 , 10643 , 10644 ,
5. 190917- , 450 , 430-433 , 446 , 449 , 455

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/26/22

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: 5/26/22

Signed: 

E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**LIGHTING, OUTSIDE**

SITE AND BLDG #: NY067 BLDG1

MOV PARKING  
LOCATION/RM #:

WO# 16941

ASSET # 10612

MECHANIC  
SIGNATURE: 

DATE: 5/26/22

START TIME: 8am

FINISH TIME: 8:30am

| CHECK POINT                                | CHECKPOINT DESCRIPTION  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(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:**