PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

LIGHTING, OUTSIDE

SITE AND BLDG #: NY127 BLDG2 **MECHANIC SIGNATURE:** **DATE:** 5/18/22

LOCATION/RM #: MOV PARKING **WO#** 17147 **ASSET #** 190917-724 **START TIME:** 11am **FINISH TIME:** 11:30am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE YES	TASK COMPLETE NO	NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
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 discription of the deficiency.

To be perfomed by: General Maintenance Worker

Additional Notes:

CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE

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

FACID/Building: NY127 Date of Visit: 5/18/22

Contractor Personnel on Site:

1. PATRICK BROWN
2. _____
3. _____
4. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 17169 , 17176 , 17147 , 17170 , 17177 , 17178 ,
2. ASSET#'S , 190917-, 603 , 622-627 , 642 , 645 , 651 , 652 ,
3. 659 , 660 , 686 , 682 , 724 , 703 , 707 , 710 , 711 , 714 , 716 ,
4. 727 , 731 ,
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/18/22

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: LARS LUFFMAN Date: 5/18/22

Signed: _____

E-Mail: _____