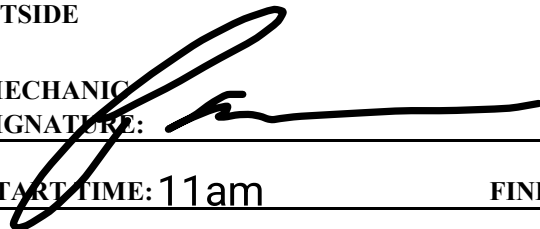


# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **LIGHTING, OUTSIDE**

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                       |                          | NOTES/ ACTIONS<br>(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:**

**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. <u>PATRICK BROWN</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

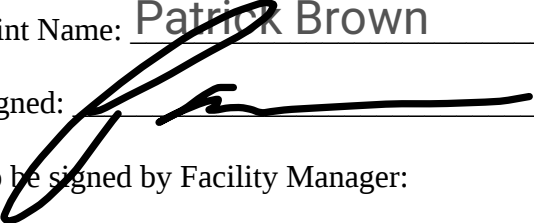
**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

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: \_\_\_\_\_