

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 6/6/22

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 , 17224 , 17256 , 17257-17259 , 17306-17310 , 17363 , 17386 ,
2. 17387 , 17452-17457 , 17561 , 17570 , 17605 , 17388 , 17458 , 17459 ,
3. 17460 , 17606 , 17461 , 17607
4. ASSET#'S , 10552-10555 , 10547-10550 , 10558 , 10612 , 10610 ,
5. 10615 , 10556 , 10557 , 10611 , 10617-10619 , 10641 , 10623-10625 ,
10642 , 190917-, 423 , 424 , 427 , 428 , 451 , 450 , 423-429 , 448 , 460 ,
462

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/6/22

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: 6/6/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: NY067 BLDG1
 17363, 10612,
 MOV PARKING
 LOCATION/RM #: WO# 17454, ASSET # 10611,
 17605-17607 190917-448,460,462

MECHANIC
 SIGNATURE: 
 DATE: 6/6/22
 START TIME: 10am FINISH TIME: 11am

| 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: