

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: NY039 Date of Visit: 1-17-19

Contractor Personnel on Site:

1. <u>Patrick Brown</u>	3. _____
2. _____	4. _____

Work Performed:

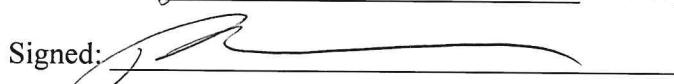
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 1879MO,1880MO,1994SA,1995SA,1996SA,1997SA,1998SA
2. Parking lighting, Overhead Doors, Gate
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1-17-19

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: Douglas Rushbo Date: 1-17-2019

Signed: 

E-Mail: douglas.rushbo.ctr@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: NY039 Bldg 1
 Military Equipment
LOCATION/RM #: Parking WO# 1879 ASSET # 9932

MECHANIC
SIGNATURE: 

DATE: 1-4-19

START TIME: 10 am

FINISH TIME: 11 am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.	<input checked="" type="checkbox"/>		
2	Schedule and coordinate work with operating personnel.	<input checked="" type="checkbox"/>		
3	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"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Open and tag switch.	<input checked="" type="checkbox"/>		
2	Inspect visual condition of wiring. Look for evidence of overheating.	<input checked="" type="checkbox"/>		NO evidence of overheating
3	Check for proper light operation.	<input checked="" type="checkbox"/>		Lights operated correctly
4	Test operation of automatic switches/ time clock/ photocells if applicable.	<input checked="" type="checkbox"/>		
5	Inspect light pole and mounting devices for deficiencies.	<input checked="" type="checkbox"/>		NO deficiencies of Pole or Mounting Bolts
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	<input checked="" type="checkbox"/>		

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: