

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: NY039 Date of Visit: 2-21-19

Contractor Personnel on Site:

1. Patrick Brown 3. _____
2. _____ 4. _____

Work Performed:

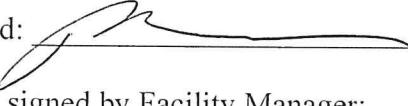
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 2208MO,2209MO,2417QT,2418QT,2419QT,2420QT, 2500SA,
2. 2421QT,2422QT,2423QT,2424QT
3. Lighting, Gate, circulating pump, Water heater, Emergency lighting,
4. Exit signs
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2-21-19

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: Doug Rushko Date: 2/21/19

Signed: 

E-Mail: doug.rushko.ctr@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: **NY039-01**LOCATION/RM #: **WO# 2208** ASSET # **9932**MECHANIC
SIGNATURE: DATE: **2-15-19**START TIME: **11:30 am**FINISH TIME: **1 pm**

| 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. | ✓ | | |
| 2 | Schedule and coordinate work with operating personnel. | ✓ | | |
| 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. | ✓ | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Open and tag switch. | ✓ | | |
| 2 | Inspect visual condition of wiring. Look for evidence of overheating. | ✓ | | NO evidence of over heating |
| 3 | Check for proper light operation. | ✓ | | Lights operated correctly |
| 4 | Test operation of automatic switches/ time clock/ photocells if applicable. | ✓ | | |
| 5 | Inspect light pole and mounting devices for deficiencies. | ✓ | | NO deficiencies of pole or mounting Bolts |
| 6 | For any noted deficiency, takes pictures and open corrective maintenance ticket. | ✓ | | |

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: