

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 2-21-19

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Patrice Brown</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

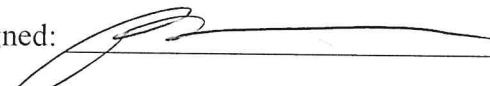
**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 2352QT, 2353QT, 2354QT, 2355QT, 2356QT, 2357QT
2. 2358QT, 2359QT, 2360QT, 2361QT
3. Refrigerator, Water heaters, Emergency Lighting
4. \_\_\_\_\_
5. \_\_\_\_\_

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**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: Hutchins, Candi M. GS9 Date: 20190221

Signed: Candi M. Hutchins

E-Mail: candi.m.hutchins.civ@mail.mil

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **EMERGENCY EXIT SIGNS AND WALL PACKS**

ACTIVITY AND BLDG #: **NY013-01**MECHANIC  
SIGNATURE: DATE: **2-27-19**

LOCATION/RM #: **2356** **9243**  
 WO# **2357** ASSET # **9244**  
**2358** **9255**

START TIME: **9:45 am**FINISH TIME: **10:30 am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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"/>	<input type="checkbox"/>	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Inspect for structural defects, note needed repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Push test buttons and observe light operation. Note any units that do not operate properly.	<input type="checkbox"/>	<input type="checkbox"/>	Replaced Battery ON Asset # 9244 Combo light #2 and #3 Replaced Battery ON Asset # 9245 Exit sign # 2
3	Clean exterior with dry cloth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	For Exit lights check for proper arrow direction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	arrow Direction is proper
5	Make and/or recommend any needed repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asset # 9244 Combo light #2 needs to be replaced I have to order a new Combo light pack

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:**