

**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. <u>Patrick Brown</u> | 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 Rushlo Date: 2/22/19

Signed: \_\_\_\_\_

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

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

ACTIVITY AND BLDG #: NY039-02MECHANIC  
SIGNATURE: DATE: 2-21-19LOCATION/RM #: \_\_\_\_\_ WO# 2421/2422 ASSET # 9940/9941START TIME: 8:45FINISH TIME: 9:30

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"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	
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 was Proper
5	Make and/or recommend any needed repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	an Email has been submitted for a CM 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:**