

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 5/2/19

Contractor Personnel on Site:

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

Work Performed:

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

1. 3596QT, 3597QT, 3598QT, 3599QT, 3600QT, 3601QT, 3602QT, 3603QT, 3604QT, 3605QT
2. REFRIGERATORS, WATER HEATERS, EMERGENCY LIGHTING
3.
4.
5.

CERTIFICATION OF WORK

To be signed by the Contractor:

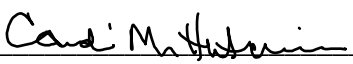
Print Name: Patrick Brown Date: 5/2/19

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: Candy hutchins Date: 5/2/19

Signed: 

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: NY013-B2

**MECHANIC
SIGNATURE:**

DATE: 5/2/19

| | | |
|----------------|----------|--------------|
| LOCATION/RM #: | WO# 3604 | ASSET # 9262 |
| | 3605 | 9263 |

START TIME: 9:15am

FINISH TIME: 9:30am

| 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. | ✓ | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Inspect for structural defects, note needed repairs | ✓ | | no structural defects or repairs needed |
| 2 | Push test buttons and observe light operation. Note any units that do not operate properly. | ✓ | | all signs operate correctly |
| 3 | Clean exterior with dry cloth. | ✓ | | |
| 4 | For Exit lights check for proper arrow direction. | ✓ | | Arrow directions are proper |
| 5 | Make and/or recommend any needed repairs. | | ✓ | no repairs needed |

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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: