

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: _____

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. _____
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

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: _____ Date: _____

Signed: _____


E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: NY035-B2

**MECHANIC
SIGNATURE:** 

DATE: 5/15/19

LOCATION/RM #: **WO#** 3660 **ASSET #** 9883

START TIME: 7am

FINISH TIME: 7:30m

| 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"/> | no repairs needed |
| 2 | Push test buttons and observe light operation. Note any units that do not operate properly. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | all units operated correctly |
| 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"/> | no repairs are 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: