

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 #: **NY039-B2**MECHANIC
SIGNATURE: DATE: **5/29/19**

LOCATION/RM #:

WO# 3665**ASSET # 9940****3666****9941**START TIME: **10am**FINISH TIME: **10:30 am**

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"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect for structural defects, note needed repairs	<input checked="" type="checkbox"/>		
2	Push test buttons and observe light operation. Note any units that do not operate properly.	<input checked="" type="checkbox"/>		
3	Clean exterior with dry cloth.	<input checked="" type="checkbox"/>		
4	For Exit lights check for proper arrow direction.	<input checked="" type="checkbox"/>		arrow directions are proper
5	Make and/or recommend any needed repairs.	<input checked="" type="checkbox"/>		a cm ticket has been submitted

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: