

## 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. \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

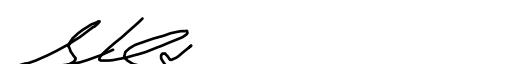
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**  
**LIGHTING, OUTSIDE**

<b>SITE AND BLDG #:</b> <u>NY067-01</u>		<b>MECHANIC SIGNATURE:</b>		<b>DATE:</b> <u>7/15/19</u>
<b>LOCATION/RM #:</b> <u>WO# 4565</u> <b>ASSET #</b> <u>10612</u>		<b>START TIME:</b> <u>1:15pm</u>		<b>FINISH TIME:</b> <u>1:45pm</u>
<b>CHECK POINT</b>	<b>CHECKPOINT DESCRIPTION</b>	<b>TASK COMPLETE</b>		<b>NOTES/ ACTIONS</b> (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		<b>YES</b>	<b>NO</b>	
<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.	/	/	
2	Schedule and coordinate work with operating personnel.	/	/	
3	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	/	/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Open and tag switch.	/	/	
2	Inspect visual condition of wiring. Look for evidence of overheating.	/	/	<b>no evidence of overheating</b>
3	Check for proper light operation.	/	/	<b>light operates correctly</b>
4	Test operation of automatic switches/ time clock/ photocells if applicable.	/	/	<b>photo cells only</b>
5	Inspect light pole and mounting devices for deficiencies.	/	/	<b>light pole and mounts are new</b>
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	/	/	<b>no deficiencies noted</b>

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:**