

**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: Doug Rushlo AFOS Date: 8/19/19

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

E-Mail: \_\_\_\_\_

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### EMERGENCY EXIT SIGNS AND WALL PACKS

**ACTIVITY AND BLDG #:** NY051-01

**MECHANIC  
SIGNATURE**

**DATE:** 8/14/19

<b>LOCATION/RM #:</b>	<b>WO# 4772</b>	<b>ASSET # 10067</b>
	<b>4773</b>	<b>10068</b>

**START TIME:** 9am

**FINISH TIME:** 9:45am

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 structural defects
2	Push test buttons and observe light operation. Note any units that do not operate properly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	units operate correctly
3	Clean exterior with dry cloth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	assets are wiped down
4	For Exit lights check for proper arrow direction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	arrow directions are proper
5	Make and/or recommend any needed repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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:** I was informed the majority of the exit signs and lights did not come on when the power went out when I was doing my PM's and testing them they all worked I'm not sure what the issue is if there was any