

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 12/20/19

Contractor Personnel on Site:

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

Work Performed:

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

1. WO6124-6128FQT, WO6192MO,WO6211-6222QT,WO6296-6301SA
2. WO6422PMM,WO6452PMS, WO6223QT,WO6302-6304SA, WO6453PMS
3. WO6305SA,WO6454PMS
4. FILTERS, LIGHTING,SUMP PUMP,GREASE TRAP,HEATERS,GATES
5. WALL PACKS,EXHAUST SYSTEM,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/20/19

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: SSG WILLIAM MONTES Date: 12/20/19

Signed: Will Montes

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: NY067-01

MECHANIC
SIGNATURE

DATE: 12/20/19

| | | |
|----------------|----------|---------------|
| LOCATION/RM #: | WO# 6192 | ASSET # 10612 |
| | 6298 | 10611 |

START TIME: 5:30am

FINISH TIME: 7:30am

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|---|---------------|----|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 1 | Schedule and coordinate work with operating personnel. | ✓ | / | |
| 2 | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. | ✓ | / | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Inspect lighting contactor for pitting or arcing - report issues | ✓ | / | no pitting or arcing |
| 2 | Inspect visual condition of wiring. Look for evidence of overheating. | ✓ | / | no evidence of overheating |
| 3 | Check for proper light operation. | ✓ | / | lights function properly |
| 4 | Test operation of automatic switches/ time clock/ photocells if applicable. | ✓ | / | all function properly |
| 5 | Inspect light pole and mounting devices for deficiencies. | ✓ | / | light pole and mountings are good |
| 6 | For any noted deficiency, takes pictures and open corrective maintenance ticket. | ✓ | / | no noted deficiencies |

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: