

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 12/13/19 - 12/16/19

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. WO6145-6147FQT, WO6361SA, WO6362SA, WO6418PMM, WO6426PMQ
2. WO6430PMS, WO6229QT, WO6363SA, WO 6431PMS
3. FILTERS, HEATERS, KITCHEN HOOD, OUTSIDE LIGHTING, GATES,
4. WALL PACK LIGHTING, VEHICLE EXHAUST
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/16/19

Signed: 

To be signed by Facility Manager:

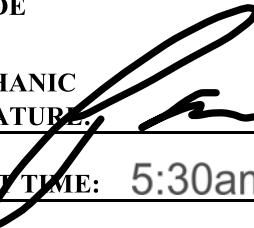
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SFC KEVIN STEWART Date: 12/16/19

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**LIGHTING, OUTSIDE**

SITE AND BLDG #: **NY013-01**MECHANIC  
SIGNATURE: DATE: **12/16/19**

<b>LOCATION/RM #:</b>	<b>WO#</b> <b>6418</b>	<b>ASSET #</b> <b>191917-131</b>
		<b>6430</b> <b>190917-129</b>

START TIME: **5:30am**FINISH TIME: **6am**

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	✓	/	
2	Inspect visual condition of wiring. Look for evidence of overheating.	✓	/	
3	Check for proper light operation.	✓	/	
4	Test operation of automatic switches/ time clock/ photocells if applicable.	✓	/	
5	Inspect light pole and mounting devices for deficiencies.	✓	/	
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	✓	/	

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:** when I arrived this morning none of the lights are working I contacted Ron Vaught the AFOS for this site and he said he was aware of it these lights were all just installed a couple of months ago I'm assuming they're still under warranty

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**EMERGENCY EXIT SIGNS AND WALL PACKS**

ACTIVITY AND BLDG #: **NY013-01**MECHANIC  
SIGNATUREDATE: **12/16/19**

LOCATION/RM #:

WO# **6430**ASSET # **190917-130**START TIME: **6am**FINISH TIME: **7am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Inspect for structural defects, note needed repairs	✓		
2	Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket		✓	
3	Clean exterior with dry cloth.	✓		
4	For Exit lights check for proper arrow direction.		✓	
5	Make and/or recommend any needed repairs.	✓		

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:** *all outside lights on the building function properly and are clean*