

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 12/5/19 - 12/18/19

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. WO6098,6177,6178FQT, WO6210-6210MO,WO6410-6415SA,WO6420PMM
2. WO6427PMQ, WO6440PMS, WO6264QT,WO6416SA, WO6441-6442PMS
3. FILTERS, LIGHTING, GATES, HEATERS,FAN COILS,SUMP PUMP,WALL
4. PACKS, EXHAUST SYSTEM
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

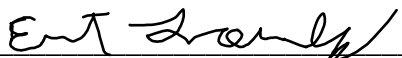
Print Name: Patrick Brown Date: 12/18/19

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: HM1 Ernest Lovenberg Date: 12/18/19

Signed: 

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

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

ACTIVITY AND BLDG #: **NY039-02**MECHANIC  
SIGNATURE: DATE: **12/5/19**LOCATION/RM #: \_\_\_\_\_ WO# **6441** ASSET # **191917-274**START TIME: **6am**FINISH TIME: **7:30am**

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

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 perfomed by: General Maintenance Worker

**Additional Notes:** all lights on the exterior of the building function properly