

**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. _____

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: _____

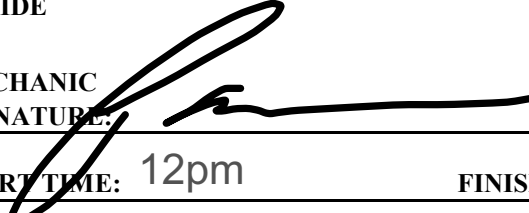
Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

LIGHTING, OUTSIDE

SITE AND BLDG #: NY051-01 6186 10066
 6253 10065
 LOCATION/RM #: WO# 6421 ASSET # 191917-294
 6443 191917-293

MECHANIC SIGNATURE:  DATE: 12/3/19
 START TIME: 12pm FINISH TIME: 1pm

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 arguing or pitting
2	Inspect visual condition of wiring. Look for evidence of overheating.	✓		wiring looks good no overheating
3	Check for proper light operation.	✓		lights function properly
4	Test operation of automatic switches/ time clock/ photocells if applicable.	✓		all work properly
5	Inspect light pole and mounting devices for deficiencies.	✓		light poles and mounting are good
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.	✓		no deficiencies noted

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: NY051-01

**MECHANIC
SIGNATURE:** 

DATE: 12/3/19

LOCATION/RM #: **WO#** 6443 **ASSET #** 190917-292

START TIME: 10:30am

FINISH TIME: 12pm

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	✓		no structural defects noted
2	Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket	✓		wall packs run on photocells
3	Clean exterior with dry cloth.	✓		
4	For Exit lights check for proper arrow direction.		✓	wall lights only
5	Make and/or recommend any needed repairs.	✓		no repairs recommended

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FENCES

SITE AND BLDG #: **NY051-01**MECHANIC
SIGNATURE: DATE: **12/3/19**LOCATION/RM #: WO# **6443** ASSET # **190917-300**START TIME: **1:30pm**FINISH TIME: **2:30pm**

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	Check posts and corner posts, support guys, and horizontal bars between each support post.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are good
2	Check wire and anchor point; re-stretch and re-anchor if necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Inspect fence anchors along the bottom of the fence and at the point where the fence is connected to the post.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fence anchors are good
4	Report any damage to fence that would cause a security concern	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Inspect the bottom of the fence to ensure that there is not a gap larger than 2 inches under the fence.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no gaps over 2 in
6	Check the top guard and ensure that it is properly fastened (angled out) and the wires are tight.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	top guard is correct
7	Inspect all wire ties. Note any deficiencies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	wire ties are all aluminum

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: fence wire ties are all aluminum I need to be 9 gauge steel I'm going to request a CM ticket be opened