

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 1/15/20

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. WO'S 6690-6691MO, 6719-6720SA, 6826PMM, 6832PMQ, 6845PMS,
2. 6721SA, 6833PMQ
3. LIGHTING, GATES, OVERHEAD DOORS, DEHUMIDIFIER
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1/15/20

Signed: 

To be signed by Facility Manager:

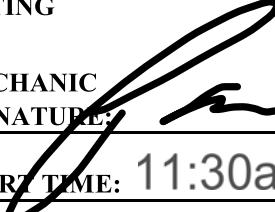
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SFC PATRIC HANLON Date: 1/15/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
INTERIOR LIGHTING

ACTIVITY AND BLDG #: **NY051-02**MECHANIC
SIGNATURE: DATE: **1/15/20**

LOCATION/RM #:

WO# **6833**ASSET # **190917-302**START TIME: **11:30am**FINISH TIME: **12:30pm**

| 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 | Visually check all accessible areas for burned out bulbs and/or flickering lights. Check with the facility manager to see if they know of any outages. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no burnt out bulbs or flickering |
| 2 | Replace bulbs where applicable. Note quantity of bulbs replaced. If lift is required, schedule accordingly. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no bulbs replaced |
| 3 | Test light fixture. If light does not work, replace starters and/or ballasts as necessary. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | all lights function properly |
| 4 | Note and report any needed electrical repairs. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no electrical repairs needed |
| 5 | Properly dispose of any non-working bulbs and ballasts. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Clean up area and remove any trash. | <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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: