

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 1/2/20

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 6564-6569AN, 6696MO, 6748-6750SA, 6827PMM, 6835PMQ
2. 6751-6752SA, 6836PMQ, 6753-6754SA, 6837PMQ
3. KITCHEN EQUIP, LIGHTING, OVERHEAD DOORS, GATE, FILTERS
4. WO's 6558-6563AN
5. 6890F

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1/2/20

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: SSG WILLIAM MONTES Date: 1/2/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

INTERIOR LIGHTING

ACTIVITY AND BLDG #: **NY067-01**MECHANIC
SIGNATURE: DATE: **1/2/20**LOCATION/RM #: WO# **6835** ASSET # **190917-421**START TIME: **3:30pm**FINISH TIME: **4pm**

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 checked="" type="checkbox"/>	
2	Replace bulbs where applicable. Note quantity of bulbs replaced. If lift is required, schedule accordingly.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Test light fixture. If light does not work, replace starters and/or ballasts as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Note and report any needed electrical repairs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Properly dispose of any non-working bulbs and ballasts.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Clean up area and remove any trash.	<input checked="" type="checkbox"/>	<input checked="" 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: there are several bulbs burnt out throughout the building I'm requesting a cm ticket to be opened