

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY113 Date of Visit: 1/9/20 -1/10/20  
1/28/20

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 6828PMM, WO 6838PMQ, 6846PMS, 6829PMM. 6839PMQM,
2. 6847PMS, 6847PMS, 6840PMQ, 6848PMS, 6888PMQ, 6891 PMQ
3. GATES, LIGHTING, DEHUMIDIFIER, OVERHEAD DOORS, FILTERS
4. \_\_\_\_\_
5. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1/28/20

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: MARYLD EDMUNDS Date: 1/28/20

Signed: \_\_\_\_\_

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### INTERIOR LIGHTING

ACTIVITY AND BLDG #: NY113-02

MECHANIC  
SIGNATURE: 

DATE: 1/28/20

LOCATION/RM #: WO# 6839 ASSET # 190917-585

START TIME: 8am

FINISH TIME: 8:30am

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	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"/>	no burned 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 checked="" type="checkbox"/>	no bulbs were replaced
3	Test light fixture. If light does not work, replace starters and/or ballasts as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all light fixtures work
4	Note and report any needed electrical repairs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no electrical repairs needed
5	Properly dispose of any non-working bulbs and ballasts.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no bulbs or ballast were replaced
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:**