

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 2/12/20-2/13/20

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 6932FQ, 6958-6960AN, 6984FAN, 7000MO, 7089-7095QT, 7234-7235SA
2. 7281PMM, 7295PMQ, 73110PMS, 6961AN, 7096-7098QT, 7296PMQ, 7312PMS, 7099-7100QT
3. FILTERS, BOILERS, OUTSIDE LIGHTING, CIRCULATING PUMPS, KITCHEN EQUIPMENT,
4. EMERGENCY WALL PACKS AND EXIT SIGNS, ISOLATION VALVES, GLYGOL FEEDER,
5. EXPANSION TANKSWATER HEATERS, BLDG AUTOMATION SYSTEM,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/13/20

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: AMMIE Mearero Date: 2/13/20

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

EMERGENCY EXIT SIGNS AND WALL PACKS

ACTIVITY AND BLDG #: NY067-03

MECHANIC
SIGNATURE

DATE: 2/13/20

LOCATION/RM #:	WO# 7099	ASSET # 10643
	7100	10644

START TIME: 1pm

FINISH TIME: 1:30pm

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	Inspect for structural defects, note needed repairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no structural defects
2	Push test buttons and observe light operation. Note any units that do not operate properly.- Report issues and open a CM ticket	<input checked="" type="checkbox"/>	<input type="checkbox"/>	lights function properly
3	Clean exterior with dry cloth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	For Exit lights check for proper arrow direction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	arrow directions are proper
5	Make and/or recommend any needed repairs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no repairs needed

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: