

**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. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: Johnny W. Brown

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: [Signature]

E-Mail: [Signature]

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### LIGHTING, OUTSIDE

SITE AND BLDG #: **MD002-01**MECHANIC  
SIGNATURE: DATE: **2/4/19**LOCATION/RM #: \_\_\_\_\_ WO# **7210** ASSET # **1455/1503**START TIME: **0900** FINISH TIME: **1630**

| CHECK POINT                                | CHECKPOINT DESCRIPTION   | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|--|---------------|----|---|
|  |  | YES           | NO |   |
| SPECIAL INSTRUCTIONS                       |  |               |    |   |
| 1  | In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to. |               |    |   |
| 2  | Schedule and coordinate work with operating personnel.   |               |    |   |
| 3  | 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  | Open and tag switch.   |               |    |   |
| 2  | Inspect visual condition of wiring. Look for evidence of overheating.  |               |    |   |
| 3  | Check for proper light operation.  |               |    |   |
| 4  | Test operation of automatic switches/ time clock/ photocells if applicable.  |               |    |   |
| 5  | Inspect light pole and mounting devices for deficiencies.  |               |    |   |
| 6  | For any noted deficiency, takes pictures and open corrective maintenance ticket.   |               |    |   |

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:**