

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: PA062 Date of Visit: 13 Feb 19

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>John Daley</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 7332MO, 7348QT, 7430QT
2. Outside lighting, Freezers, Ice makers, Ice storage Water heaters
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Daley Date: 13 Feb 19

Signed: John Daley

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: Becki Dithrich GS09 Date: 1

Signed: Becki Dithrich

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **LIGHTING, OUTSIDE**

SITE AND BLDG #: **PA062-01**MECHANIC
SIGNATURE: *John Dewey*DATE: *13 Feb 19*LOCATION/RM # *EXTERIOR* WO# **7332**ASSET # **7465**START TIME: *1200*FINISH TIME: *1500*

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (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: