

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 3/10/20 - 3/19/20

Contractor Personnel on Site:

- | | |
|-------------------------|------------|
| 1. <u>PATRICK BROWN</u> | 3. <u></u> |
| 2. <u></u> | 4. <u></u> |

Work Performed:

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

1. WO'S 7357-7358FQT, 7436-7437MO, 7495-7498SA, 7653M, 7673PMS
2. 7359-7360FQT, 7464QT, 7499-7500SA
3. FILTERS, LIGHTING, GATES, AIR HANDLERS, CHILLER, MINI SPLIT, VFD,
4. HEATING AND VENT SYSTEM, PTAC, EXHAUST
5.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 3/19/20

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: SFC ERIC ABBOT Date: 3/19/20

Signed: 

E-Mail:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

LIGHTING, OUTSIDE

SITE AND BLDG #: **NY051-01**MECHANIC
SIGNATURE: DATE: **3/10/20**LOCATION/RM #: **WO# 7436** ASSET # **10066**START TIME: **7am**FINISH TIME: **7:30am****7653** **190917-294**

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|---|-------------------------------------|-------------------------------------|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 1 | Schedule and coordinate work with operating personnel. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 2 | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Inspect lighting contactor for pitting or arcing - report issues | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no pitting or arcing |
| 2 | Inspect visual condition of wiring. Look for evidence of overheating. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no evidence of overheating |
| 3 | Check for proper light operation. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | lights function properly |
| 4 | Test operation of automatic switches/ time clock/ photocells if applicable. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | automatic switches and photo cells |
| 5 | Inspect light pole and mounting devices for deficiencies. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | light poles and mounting are good |
| 6 | For any noted deficiency, takes pictures and open corrective maintenance ticket. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no deficiencies noted |

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: