

**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. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

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: John Granata Date: 3/11/19

Signed: John A. Granata

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
TIME CLOCK, LIGHTING

SITE AND BLDG #: **NY126-01**

**MECHANIC
SIGNATURE:** 

DATE: **3/11/19**

LOCATION/RM #: **WO# 7576** **ASSET # 7434**

START TIME: **11:30am**

FINISH TIME: **12pm**

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.	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Check physical connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	connections are good
3	Verify the timeclock configuration, ensure proper operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	If applicable, check battery and replace as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no battery

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: Replaced two 100 watt multi vapor bulbs in Ballard
lighting main entrance