

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: 5/22/19

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

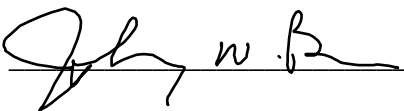
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 5/29/19

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: Hector Costalanos Date: 5/29/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

LIGHTING, OUTSIDE

SITE AND BLDG #: **DE002**MECHANIC
SIGNATURE: DATE: **5/29/19**LOCATION/RM #: **MV AREA** WO# **8461** ASSET # **1452**START TIME: **0900**FINISH TIME: **1630**

| 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 | Schedule and coordinate work with operating personnel. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Open and tag switch. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Inspect visual condition of wiring. Look for evidence of overheating. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Check for proper light operation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Test operation of automatic switches/ time clock/ photocells if applicable. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Inspect light pole and mounting devices for deficiencies. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 | For any noted deficiency, takes pictures and open corrective maintenance ticket. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

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: