

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: _____ Date: _____

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
LIGHTING, OUTSIDE

SITE AND BLDG #: **PA118-B1**MECHANIC
SIGNATURE: DATE: **5/7/19**LOCATION/RM #: **WO# 8566 ASSET # 7418/7454**START TIME: **7 AM**FINISH TIME: **2 PM**

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

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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

2 LIGHTS ARE BROKE. WORK ALREADY
SCHEDULED FOR REPAIRS