

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 7/15/20

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

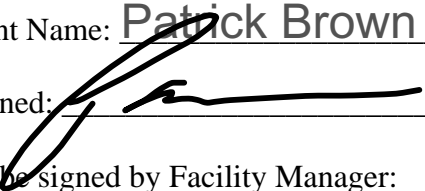
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S 8823-8845AN,9157MO, 9206-9211SA, 9281PMA,9293PMM,9301PMQ
2. 8846-8851AN, 9212-9213SA,9282PMA, 9302PMQ, 9214-9215SA, 9303PMQ
3. PLUMBING FIXTURES, LIGHTING, GATES, OVERHEAD DOORS, KEY
4. CARD SCANNER, DRINKING FOUNTAINS
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

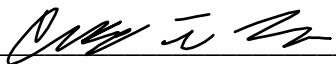
Print Name: Patrick Brown Date: 7/15/20

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: MR Zaleski Date: 7/15/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

INTERIOR LIGHTING

ACTIVITY AND BLDG #: NY067-02

MECHANIC
SIGNATURE 

DATE: 7/15/20

LOCATION/RM #: WO# 9302 ASSET # 190917-454

START TIME: 10:45am

FINISH TIME: 11am

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|--|-------------------------------------|--------------------------|---|
| | | YES | NO | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Visually check all accessible areas for burned out bulbs and/or flickering lights. Check with the facility manager to see if they know of any outages. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Replace bulbs where applicable. Note quantity of bulbs replaced. If lift is required, schedule accordingly. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Test light fixture. If light does not work, replace starters and/or ballasts as necessary. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Note and report any needed electrical repairs. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Properly dispose of any non-working bulbs and ballasts. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Clean up area and remove any trash. | <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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

the lights work intermittently I think this building needs a lot of electrical work
I'm requesting a cm ticket to be opened for this bldg