

**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. <u></u> |
| 2. <u></u> | 4. <u></u> |

Work Performed:

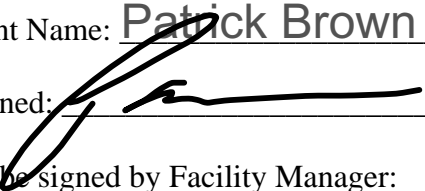
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

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:

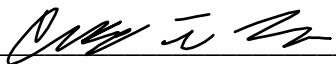
Print Name: Patrick Brown Date: 7/15/20

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 #: **NY067-03**MECHANIC
SIGNATURE: DATE: **7/15/20**LOCATION/RM #: **WO# 9303** ASSET # **190917-461**START TIME: **11:45am**FINISH TIME: **12PM**

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"/>	all lights function properly
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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: