

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 7/21/20

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 9286PMA, 9307PMQ, 9315PMS, 9287PMA, 9288PMA, 9296PMM, 9308PMS,
2. 9309PMQ, 9317PMS
3. PLUMBING FIXTURES, INTERIOR LIGHTING, OVERHEAD DOORS, CRANE,
4. DEHUMIDIFIER, DRINKING FOUNTAIN, OUTSIDE LIGHTING
5.

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 7/21/20

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:

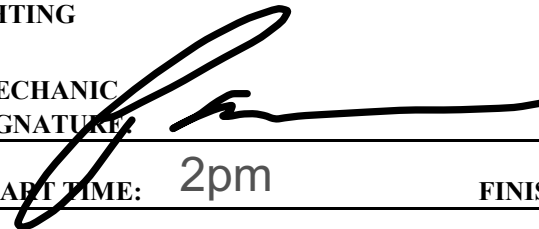
Print Name/Rank: LARS LUFFMAN Date: 7/21/20

Signed: 

E-Mail:

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### INTERIOR LIGHTING

ACTIVITY AND BLDG #: NY127-03MECHANIC  
SIGNATURE: DATE: 7/21/20LOCATION/RM #: \_\_\_\_\_ WO# 9309 ASSET # 190917-729START TIME: 2pmFINISH TIME: 2:30pm

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                                                                                                                 | TASK COMPLETE                                                                       |                                                                                      | NOTES/ ACTIONS<br>(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. |   |   |                                                                         |
| 2                                          | Replace bulbs where applicable. Note quantity of bulbs replaced. If lift is required, schedule accordingly.                                            |   |   |                                                                         |
| 3                                          | Test light fixture. If light does not work, replace starters and/or ballasts as necessary.                                                             |   |   |                                                                         |
| 4                                          | Note and report any needed electrical repairs.                                                                                                         |   |   |                                                                         |
| 5                                          | Properly dispose of any non-working bulbs and ballasts.                                                                                                |   |   |                                                                         |
| 6                                          | Clean up area and remove any trash.                                                                                                                    |  |  |                                                                         |

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:**

all lights function properly