

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 8/14/20

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 9387-9388MO,9578-9581QT,9646SA,9654-9655PMA,9674-9675PMC  
9686PMM, 9699PMQ,9711-9712PMS,9582-9583QT,9656PMA,9584-9585QT
2. LIGHTING, GATES, CIRCLATING PUMP,EMERGENCY LIGHTING, BOILERS,  
EXP TANKS, HEATERS, KEYPAD, AIR COMPRESSOR
3. \_\_\_\_\_
4. \_\_\_\_\_

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5. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

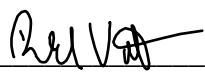
Print Name: Patrick Brown Date: 8/14/20

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: RON Vogt AFOS Date: 8/14/20

Signed: 

E-Mail: \_\_\_\_\_

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### LIGHTING, OUTSIDE

MECHANIC  
SIGNATURE: 

DATE: 8/14/20

SITE AND BLDG #: NY039-01

LOCATION/RM #: WO# 9387 ASSET # 9932

START TIME: 8am

FINISH TIME: 8:15am

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