

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**EMERGENCY EXIT SIGNS AND WALL PACKS**

**ACTIVITY AND BLDG #:** NY001 - 01      Main Building

**MECHANIC**  
**SIGNATURE:** *Christopher N Pothier* **DATE:** 11 - 19 - 19

**LOCATION/RM #:** Multiple    **wo#** 5879    **ASSET #** 9072

**START TIME:**      **FINISH TIME:**

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                                                                                                                                           | TASK COMPLETE |    | NOTES/ ACTIONS<br>(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             |    |                                                                         |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |                                                                                                                                                                                  |               |    |                                                                         |
| 1                                          | Inspect for structural defects, note needed repairs                                                                                                                              | X             |    |                                                                         |
| 2                                          | Push test buttons and observe light operation. Note any units that do not operate properly.                                                                                      | X             |    | None of the units lit up, all batteries are dead                        |
| 3                                          | Clean exterior with dry cloth.                                                                                                                                                   | X             |    |                                                                         |
| 4                                          | For Exit lights check for proper arrow direction.                                                                                                                                | X             |    |                                                                         |
| 5                                          | Make and/or recommend any needed repairs.                                                                                                                                        | X             |    | All batteries need replacement if units are to function                 |

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:**

This building is not in use, I am not sure if they want to have these replaced or not.