

CERTIFICATION OF WORK

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

FACID/Building: PROS-11+12

Date of Visit: 7/16/19

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Tony Lizaro</u> | 4. _____ |
| 2. <u>Jim Gertgen</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>9912</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Gertgen

Date: 7-16-19

Signed: [Signature]

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: John D. Rossi

Date: 16 July 2019

Signed: John D. Rossi

E-Mail: _____

OTHER RECURRING SERVICES CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Prosi - 1112

Date of Visit: 7/16/19

Contractor Personnel on Site:

1. Tony Loran
2. Jim George
3. _____

4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 9800
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim George

Date: 7-16-19

Signed: [Signature]

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: John D. Rossi

Date: 16 July 2019

Signed: John D. Rossi

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GATES, FENCES, SECURITY AND ACCESS

SITE AND BLDG #:

P. 051 - 11

LOCATION/RM #:

Lumber WO#

9812

ASSET #

7824

MECHANIC

SIGNATURE:

DATE:

7/10/19

START TIME:

8:15

FINISH TIME:

8:25

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.		/	
2	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.		/	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
GATES				
1	Inspect all pivot points, hinges, latches, etc. Apply lubricant where needed, wiping off excess.	/		
2	Check all locking devices. Lubricate as required.	/		
3	Inspect center gate support rollers and lubricate as required.	/		
4	Clean roller track of any debris.	/		
5	Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary.	/		
6	Check for any obstructions that retard full swing or movement of the gate.	/		
7	Check that shrubs and trees are pruned clear of gate.	/		
8	Check hold open devices for proper operation. Lubricate as required.	/		
FENCES				
1	Check posts and corner posts, support guys, and horizontal bars between each support post.	/		
2	Check wire and anchor point; re-stretch and re-anchor if necessary.	/		
3	Inspect fence anchors along the bottom of the fence and at the point where the fence is connected to the post.	/		
4	Treat with galvanized protectant where rust has developed.	/		
5	If approved, apply weed control along entire base of fence. Consult the Safety Data Sheets (SDS) for hazardous ingredients and proper personal protective equipment (PPE).	/		
6	Check that shrubs and trees are pruned clear of fencing	/		

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: