

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

FACID/Building: PA 170-01

Date of Visit: 7-22-19

Contractor Personnel on Site:

1. Brian Kelley
2. Chris Tropea
3. Scott Werry

4. _____
5. _____
6. _____

Work Performed:

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

1. Lubed Doors
2. Checked over Doors

3. _____
4. Wash 9928 asset # 7656

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Chris Tropea

Date: 7-22-19

Signed: Chris Tropea

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: Kevin Hoover WL 09

Signed: [Signature]

Date: 20190723

CERTIFICATION OF WORK

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

FACID/Building: 171-01 Date of Visit: 7-22-19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Brian Kelley</u> | 4. _____ |
| 2. <u>Chris Trupeak</u> | 5. _____ |
| 3. <u>Scott Werry</u> | 6. _____ |

Work Performed:

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

- | | |
|-----------------------------------|-------|
| 1. <u>Lubed Doors</u> | _____ |
| 2. <u>checked over doors</u> | _____ |
| 3. _____ | _____ |
| 4. <u>was # 9928 Asset # 7656</u> | _____ |

Inspection, Testing, and Certification

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Other Recurring Services

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Service Calls – Service Call Number and Description

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Over and Above Repair Work – Order Number and Description of Work Completed

Door 1 Installed keystock Replaced Btm fixture LSCD
Door S Reconnected brake solenoid

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Chris Frieden Date: 7-22-14

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: Kevin Hoover WLO9 Date: 20190723

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **MANUAL/AUTOMATIC OVERHEAD DOORS**

SITE AND BLDG #: Johnstown Flight Center PA 171-01

MECHANIC SIGNATURE: [Signature]

DATE: 7-22-19

LOCATION/RM #: AMS1 **WO#** 9928 **ASSET #** 7656

START TIME: 730

FINISH TIME:

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO. PROVIDE EXPLANATION)
		YES	NO	
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.	Yes		
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.	Yes		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with door operating personnel for any known deficiencies.	Yes		
2	Inspect general arrangement of door and mechanism, mountings, standards, wind locks, anchor bolts, counterbalances, weather stripping, door sweeps etc. Clean, tighten, and adjust repair as required.	Yes		
3	If applicable, operate with power from start to stop and at intermediate positions. Observe performance of various components, such as brake, limit switches, door operating speed, motor, gear box, etc. Clean and adjust as needed.	Yes		
4	Check operation of safety edges, stops, electric eye, treadle, or other operating devices. Clean and make required adjustments or repairs.	Yes		
5	Check manual operation. Note brake release, motor disengagement, functioning or hand pulls, chains sprockets, clutch, etc.	Yes		
6	If applicable, examine all wiring, motor, starter, push button, etc., blow out or vacuum if needed.	Yes		
7	If applicable, inspect gear box, change or add oil as required.	Yes		
8	Perform required lubrication. Remove old or excess lubricant.	Yes		
9	Clean unit and mechanism thoroughly. Touch up paint where required.	Yes		
10	Clean up and remove all debris.	Yes		

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: