

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 8/24/22

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 , 18321 , 18322 , 18489-18492 , 18550 , 18558 ,
2. 18559 , 18573 , 18574 , 18582 , 18593 , 18603 , 18604 ,
3. 18644 , 18493 , 18494 , 18560 , 18495 , 18496 , 18646
4. ASSET#'S , 9932 , 9935 , 9898 , 9929 , 9933 , 9934 , 9930 ,
5. 9940 , 9941 , 9946 , 9947 , IL-31 , IL-33 , 190917-, 253 , 254 ,
269 , 250 , 251 , 263 , 268 , 243 , 244 , 271 , 273

CERTIFICATION OF WORK

To be signed by the Contractor:

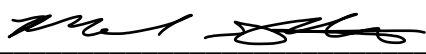
Print Name: Patrick Brown Date: 8/24/22

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: SSGT MIKE SHIFFLETT Date: 8/24/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

GATES

SITE AND BLDG #: NY039

MECHANIC
SIGNATURE: 

DATE: 8/24/22

front and rear entry

LOCATION/RM #: 18582

WO# 18322,

ASSET # 9935,

START TIME: 7:30am

FINISH TIME: 7:45am

190917-269

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	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 type="checkbox"/>	
2	Notify affected personnel before performing PM (alarmed or security entrances).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect all pivot points, hinges, latches, etc. Apply lubricant where needed, wiping off excess.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Check all locking devices. Lubricate as required.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Inspect center gate support rollers and lubricate as required.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Clean roller track of any debris.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Check for any obstructions that retard full swing or movement of the gate.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7	Check that shrubs and trees are pruned clear of gate.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Check hold open devices for proper operation. Lubricate as required.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9	Check the top guard and ensure that it is properly fastened and the wires are tight. Tighten as required.	<input 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:

these Gates have been removed due to construction