

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 4/4/23

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 , 21491 , 21499 , 21500 , 21501 , 21502 , 21503 ,
2. 21606 , 21607 , 21656 , 21698 , 21708 , 21720 , 21657 ,
3. 21721 , 21504 , 21593 ,
4. ASSET#'S , 10054 , 10047 , 10048 , 10049 , 10050
5. , 10066 , 10069 , 10072 , 190917-, 287,294,299,277,302 ,
- IL-36 , IL-37

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 4/4/23

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: GSJ09 Justin Drinkwine Date: 4/4/23

Signed: \_\_\_\_\_

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GATES

**SITE AND BLDG #:** NY051 BLDG1

**MECHANIC  
SIGNATURE:** 
**DATE:** 4/4/23

**mov,pov entrance**
**LOCATION/RM #:** **WO#** 21607, **ASSET #** 10069,  
21708 190917-299

**START TIME:** 9am

**FINISH TIME:** 9:30am

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 checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Check all locking devices. Lubricate as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Inspect center gate support rollers and lubricate as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Clean roller track of any debris.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Check for any obstructions that retard full swing or movement of the gate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Check that shrubs and trees are pruned clear of gate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Check hold open devices for proper operation. Lubricate as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Check the top guard and ensure that it is properly fastened and the wires are tight. Tighten as required.	<input checked="" type="checkbox"/>	<input 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's a Capital project that has been submitted for  
These gates to be replaced