

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 2/10/22

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. <u>WO#'S , 15915 , 15941-15943 , 15981 , 15993 , 16075-16081 ,</u> |
| 2. <u>16197 , 16198 , 16242 , 16262 , 16275 , 16276 , 15944 , 15966 ,</u> |
| 3. <u>16082-16084 , 16236 , 16277 , 16085 , 16086</u> |
| 4. <u>ASSET#'S , 10568 , 10564 , 10565 , 10569 , 10612 , 10559 , 10560 ,</u> |
| 5. <u>10566-10568 , 10613 , 10614 , 10608 , 10609 , 10628 , 10629 ,</u> |
| <u>10636-10638 , 10643 , 10644 , 190917- , 450 , 430-433 , 446 , 449 ,</u> |
| <u>434 , 447 , 452 , 455 , 458 , 459 ,-----</u> |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/10/22

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: AMMIE MEARERO Date: 2/10/22

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

GATES

SITE AND BLDG #: NY067 BLDG1

MECHANIC
SIGNATURE: 

DATE: 2/10/22

LOCATION/RM #: BLDG1 WO#16242

ASSET #190917-450

START TIME: 12:30pm

FINISH TIME: 1pm

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.	✓	✓	
2	Notify affected personnel before performing PM	✓	✓	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect all pivot points, hinges, latches, etc. Apply lubricant where needed, wiping off excess.	✓	✓	used PB blaster garage door lubricant
2	Check all locking devices. Lubricate as required.	✓	✓	all are good
3	Inspect gate support rollers and track, lubricate and clean as required.	✓	✓	used white lithium grease
4	Check bolts, fasteners, and mounting hardware. Tighten as necessary.	✓	✓	all are tight
5	Check for any obstructions that prevent full swing or movement of the gate.	✓	✓	no obstructions
6	Check that shrubs and trees are pruned clear of gate.	✓	✓	shrubs and trees are clear of gate
7	Check hold open devices for proper operation. Lubricate as required.	✓	✓	
8	Check the top guard and ensure that it is properly fastened and the wires are tight. Tighten as required.	✓	✓	top gaurd and wires are tight
9	If applicable, inspect hydraulic driveline (hoses, fittings, and gauges) for signs of leakage.	✓	✓	no hydraulics
10	If applicable, inspect limit switches for proper operation. Adjust as needed.	✓	✓	limit switches are correct
11	If applicable, inspect photoeyes for proper operation and any signs of damage.	✓	✓	no sign's of damage
12	If applicable, have site personnel operate gate with CAC Card insuring proper operation.	✓	✓	gate functions properly with card
13	If applicable, clean control cabinet, ensuring free from debris and insects.	✓	✓	no debris or insects

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: