

**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. PATRICK BROWN 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**Work Performed:**

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

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

**CERTIFICATION OF WORK**

To be signed by the Contractor:

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

Signed: 

To be signed by Facility Manager:

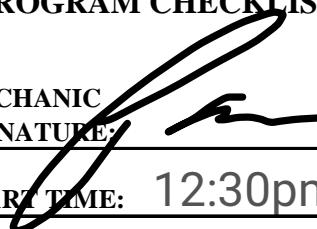
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

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	
<b>SPECIAL INSTRUCTIONS</b>				
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	✓	/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**