

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 5/12/23

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, 21812 , 21830 , 21893 , 21973 , 21974 , 21975 , 21976 , 21977 ,
2. 21978 , 21979 , 22071 , 22085 , 22097 , 21894 , 21980 , 21981 , 21982 ,
3. 22098 , 21895 , 21983 , 21984
4. ASSET#'S , 10568 , 10612 , IL-55 , 10559 , 10560 , 10566 , 10567 , 10568 ,
5. 10613 , 10614 , 10551 , IL-56 , 10636 , 10637 , 10638 , IL-57 , 10643 ,  
10644 , 190917-, 450,430,431,432,433,446,449,455

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

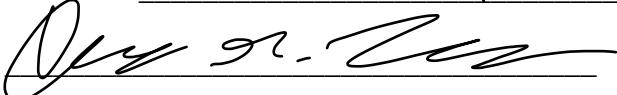
Print Name: Patrick Brown Date: 5/12/23

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: Conner Ziegler Date: 5/12/23

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**GATES**

SITE AND BLDG #: **NY067 BLDG1**LOCATION/RM #: **mov entrance** WO# **22085**ASSET # **190917-450**MECHANIC  
SIGNATURE: DATE: **5/12/23**START TIME: **11am**FINISH TIME: **11:30am**

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

To be performed by: General Maintenance Worker

Additional Notes: