

PREVENTIVE MAINTENANCE CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FAC ID Building: Garthersburg MDA13 Date of Visit: 1/16/19

Contractor Personnel on Site:

1. Patrick Donovan

4.

5.

5.

6.

6.

Work Performed:

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

5. LIST WO# 7110, 7111, 7112

6. Overhead doors, Gates

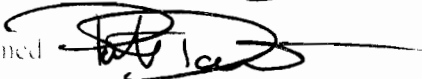
8.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Donovan

Date: 1/16/19

Signed: 

To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name Rank: Glenn R. Umbarger Jr, GS-13

Date: 16 Jan 2019

Signed: 

E-Mail: glenn.r.umbarger@ice.doe.mil.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST MANUAL/AUTOMATIC OVERHEAD DOORS

SITE AND BLDG #: Swittersburg MD13MECHANIC SIGNATURE: [Signature]DATE: 1/16/19LOCATION/RM #: Bldg #2 WO# 711ASSET # 2014 #01-#02START TIME: 11:50FINISH TIME: 12:20

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO. PROVIDE EXPLANATION) |
|-------------|---|-------------------------------------|--------------------------|--|
| | | YES | NO | |
| 1 | In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 | 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"/> | <u>Signed & dated Maint Record</u> <u>Teggs</u> |
| 1 | Check with door operating personnel for any known deficiencies. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Good</u> |
| 2 | Inspect general arrangement of door and mechanism, mountings, standards, wind locks, anchor bolts, counterbalances, weather stripping, door sweeps etc. Clean, tighten, and adjust repair as required. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Good</u> |
| 3 | If applicable, operate with power from start to stop and at intermediate positions. Observe performance of various components, such as brake, limit switches, door operating speed, motor, gear box, etc. Clean and adjust as needed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Good</u> |
| 4 | Check operation of safety edges, stops, electric eye, treadle, or other operating devices. Clean and make required adjustments or repairs. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Good / done</u> |
| 5 | Check manual operation. Note brake release, motor disengagement, functioning or hand pulls, chains sprockets, clutch, etc. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Good</u> |
| 6 | If applicable, examine all wiring, motor, starter, push button, etc., blow out or vacuum if needed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>all good</u> |
| 7 | If applicable, inspect gear box, change or add oil as required. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>ok</u> |
| 8 | Perform required lubrication. Remove old or excess lubricant. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>ok</u> |
| 9 | Clean unit and mechanism thoroughly. Touch up paint where required. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>ok</u> |
| 10 | Clean up and remove all debris. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>done</u> |

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:

1 fo 1 eged