

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

FAC ID Building: *MDO20 Riverdale* Date of Visit: *1/11/19*

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 WORK:** *7117 + 7118*

6. *Gates + overhead doors + filters*

8.

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: *Patrick Donovan*

Date: *1/11/19*

Signed: *[Signature]*

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: *Williams, David* Date: *1/11/19*

Signed: *[Signature]*

E-Mail: *david.c.williams2.mil@mail.mil*

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST MANUAL/AUTOMATIC OVERHEAD DOORS

SITE AND BLDG #: Truendale MD000MECHANIC SIGNATURE: [Signature]DATE: 1/11/19LOCATION/RM #: Bldg 2 WO# 7118 ASSET # Sec notesSTART TIME: 9:00FINISH TIME: 10:15

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS
		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 all Maintenance</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, lighten, and adjust repair as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Good / See notes</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>all good / See notes</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>No safety devices on doors</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>Good / See notes</u>
7	If applicable, inspect gear box, change or add oil as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Good</u>
8	Perform required lubrication. Remove old or excess lubricant.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Good</u>
9	Clean unit and mechanism thoroughly. Touch up paint where required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Good</u>
10	Clean up and remove all debris.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Good</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

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Additional Notes:

Asset # 2093 #01#04

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#05 NOT in use. Storage cage inside#03 Door damaged. Inside wheels out of track, NOT operating

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** Filter Replacement

SITE AND BLDG #: Riversdale MD 2020  
LOCATION/RM #: Room 5 +

MECHANIC SIGNATURE: [Signature] DATE: 1/14/19  
START TIME: 9:00 FINISH TIME: 12:00

Site Location	WO #	Asset #	PM #	Manufac turer	Model Number	Serial #	Asset Description	Asset Location
Riversdale	6880	2071	PH-SA-				Fan Coil Units	

155/RT.

1	Check, clean, and/or replace both internal and external filters as necessary.			
2	Label and Date Filter			
3	Did YELLOW Maintenance Tag get Initialed			
3	Did all High Asset Filters get Changed			
	Changed Filters in Fan Coil Units			

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: **GMW Additional Notes:**