

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: NY013 Date of Visit: 9/10/20

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. WO'S 9947-9949FQT,10149-10152SA,10198PMM,10206PMQ,10211PMS
2. 10031QT,10212PMS
3. FILTERS, AIR HANDLERS, MINI SPLITS,LIGHTING,GATES,EXHAUST,
4. CONDENSING UNITS
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 9/10/20

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: Candi Hutchins Date: 9/10/20

Signed: Candi Hutchins

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
GATES

SITE AND BLDG #: **NY013-01**MECHANIC
SIGNATURE
DATE: 12/10/20

LOCATION/RM #:	WO# 10206	ASSET # 190917-133 190917-134	START TIME: 12:15pm	FINISH TIME: 1pm
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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.	<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"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect all pivot points, hinges, latches, etc. Apply lubricant where needed, wiping off excess.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	used PB Blaster garage door lubricant
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"/>	used white lithium grease
4	Clean roller track of any debris.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no debris
5	Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	mounting hardware is tight
6	Check for any obstructions that retard full swing or movement of the gate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no obstructions
7	Check that shrubs and trees are pruned clear of gate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	shrubs and trees are pruned clear of gates
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"/>	top guard and wires are tight

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: