

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Contractor Personnel on Site:

|          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Work Performed:**

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

|          |          |
|----------|----------|
| 1. _____ | ,10757MO |
| 2. _____ |          |
| 3. _____ |          |
| 4. _____ |          |
| 5. _____ |          |

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**LIGHTING, OUTSIDE**

SITE AND BLDG #: **PA209-01**

MECHANIC  
 SIGNATURE: 

DATE: **9-3-19**

LOCATION/RM #: **WO# 10757** **ASSET # 7473**  
**10940** **7359**

START TIME: **6AM**FINISH TIME: **3 PM**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION   | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|---------------|----|---|
|   |  | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |  |               |    |   |
| 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 to. | ✓             |    |   |
| 2   | Schedule and coordinate work with operating personnel.   | ✓             |    |   |
| 3   | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.                      | ✓             |    |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |  |               |    |   |
| 1   | Open and tag switch.   | ✓             |    |   |
| 2   | Inspect visual condition of wiring. Look for evidence of overheating.  | ✓             |    |   |
| 3   | Check for proper light operation.  | ✓             |    |   |
| 4   | Test operation of automatic switches/ time clock/ photocells if applicable.  | ✓             |    |   |
| 5   | Inspect light pole and mounting devices for deficiencies.  | ✓             |    |   |
| 6   | For any noted deficiency, takes pictures and open corrective maintenance ticket.   | ✓             |    |   |

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:**

*ASSET 7359 #3 pole is missing access cover. Picture taken.*

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

SITE AND BLDG #: **PA209-01**MECHANIC  
SIGNATURE: DATE: **9-3-19**

LOCATION/RM #:

**WO# 10757****ASSET # 7560**START TIME: **6AM**FINISH TIME: **3PM**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---------------|----|---|
|   |   | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |   |               |    |   |
| 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. | ✓             |    |   |
| 2   | Review manufacturer's instructions.   | ✓             |    |   |
| 3   | Schedule shutdown with operating personnel.   | ✓             |    |   |
| 4   | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.                   | ✓             |    |   |
| 5   | This work should be scheduled at non-peak hours.  | ✓             |    |   |
| 6   | Notify affected personnel before performing PM (alarmed or security entrances).   | ✓             |    |   |
| 7   | Post "out of service" signs and/or barricades, as appropriate.  | ✓             |    |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |               |    |   |
| 1   | Inspect all pivot points, hinges, latches, etc. Apply lubricant where needed, wiping off excess.  | ✓             |    |   |
| 2   | Check all locking devices. Lubricate as required.   | ✓             |    |   |
| 3   | Inspect center gate support rollers and lubricate as required.  | ✓             |    |   |
| 4   | Clean roller track of any debris.   | ✓             |    |   |
| 5   | Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary.  | ✓             |    |   |
| 6   | Check for any obstructions that retard full swing or movement of the gate.  | ✓             |    |   |
| 7   | Check that shrubs and trees are pruned clear of gate.   | ✓             |    |   |
| 8   | Check hold open devices for proper operation. Lubricate as required.  | ✓             |    |   |
| 9   | Check the top guard and ensure that it is properly fastened and the wires are tight. Tighten as required.   | ✓             |    |   |

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:**