

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA050 Date of Visit: 11.06.2020

Contractor Personnel on Site:

- |                          |          |
|--------------------------|----------|
| 1. <u>RICHARD WALKER</u> | 3. _____ |
| 2. _____                 | 4. _____ |

**Work Performed:**

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

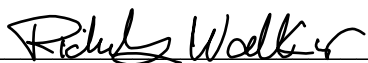
1. WO'S 12952FQ,12957FQ,12984MO,13008QT,13033SA,13040SA
2. 13079Q,
3. FILTERS, GATE, ICE MAKER, WATER HEATER, OUTSIDE LIGHTING
4. AIR HANDLERS, CHILLERS, CONDENSING UNITS,
5. \_\_\_\_\_

-----

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Richard Walker Date: 11.06.2020

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: 11.06.2020

Signed: \_\_\_\_\_

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GATES

SITE AND BLDG #: **VA050-01**

MECHANIC

SIGNATURE: *Richard Walker*DATE: *11.06.2020*LOCATION/RM #: *Entry* WO# **12984** ASSET # **1464**START TIME: *9am*FINISH TIME: *5pm*

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                                                                                                                      | TASK COMPLETE                       |                                     | NOTES/ ACTIONS<br>(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 checked="" type="checkbox"/> |                                                                         |
| 2                                          | Notify affected personnel before performing PM (alarmed or security entrances).                                                                             | <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> |                                                                         |
| 2                                          | Check all locking devices. Lubricate as required.                                                                                                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                         |
| 3                                          | Inspect center gate support rollers and lubricate as required.                                                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                         |
| 4                                          | Clean roller track of any debris.                                                                                                                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                         |
| 5                                          | Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary.                                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                         |
| 6                                          | Check for any obstructions that retard full swing or movement of the gate.                                                                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                         |
| 7                                          | Check that shrubs and trees are pruned clear of gate.                                                                                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                         |
| 8                                          | Check hold open devices for proper operation. Lubricate as required.                                                                                        | <input checked="" type="checkbox"/> | <input checked="" 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 checked="" 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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**