

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 6/22/21

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, 12884, 12918-12921, 12976-12980, 13044, 13073,
 2. 13074, 13148-13153, 13274, 13284, 13315, 13075,
 3. 13154-13157, 13316, 13317
 4. ASSET#'S, 10552-10558, 10547-10550, 10610, 10615, 10612,
 5. 10611, 10617-10619, 10641, 10623-10625, 10642, 190917-, 423,
424, 427, 428, 451, 450, 423-428, 429, 448, 460, 462,
-

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/22/21

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: MICHAEL MAROTTA Date: 6/22/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FENCES

SITE AND BLDG #: NY067 BLDG1

MECHANIC
SIGNATURE: 

DATE: 6/22/21

LOCATION/RM #: mov parking WO# 13274 ASSET # 190917-451

START TIME: 2pm

FINISH TIME: 2:30pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check posts and corner posts, support guys, and horizontal bars between each support post.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are good
2	Check wire and anchor point; re-stretch and re-anchor if necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Inspect fence anchors along the bottom of the fence and at the point where the fence is connected to the post.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	fence anchors are good
4	Report any damage to fence that would cause a security concern	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no security concerns
5	Inspect the bottom of the fence to ensure that there is not a gap larger than 2 inches under the fence.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no gaps
6	Check the top guard and ensure that it is properly fastened (angled out) and the wires are tight.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	top guard is properly fastened
7	Inspect all wire ties. Note any deficiencies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no deficiencies found

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: