

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 6/25/21

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. <u>WO#'S, 13061 , 13062 , 13262-13268 , 12881 ,</u>          |
| 2. <u>13029 , 13030 , 13272 , 13282 , 13289 , 13303 ,</u>       |
| 3. <u>13096 , 13304 , 13305 ,</u>                               |
| 4. <u>ASSET#'S, 9891 , 9896 , 9932 , 9935 , 9893-9897 ,</u>     |
| 5. <u>9931 , 9943 , 9939 , 190917-, 248 , 245 , 269 , 264 ,</u> |
| <u>267 , 270 , 274 , 275</u>                                    |

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/25/21

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: SSGT maniewski Date: 6/25/21

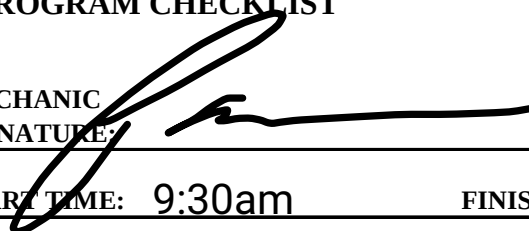
Signed: \_\_\_\_\_

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### GATES

SITE AND BLDG #: NY039 BLDG1

MECHANIC  
SIGNATURE: 

DATE: 6/25/21

LOCATION/RM #: BLDG1 Outside

WO# 13062

ASSET # 9935

START TIME: 9:30am

FINISH TIME: 10am

|                                            |                                                                                                                                                             |                                     |                                     |                                                                         |  |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------|--|
| 13282                                      |                                                                                                                                                             | 190917-                             |                                     |                                                                         |  |
| 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                                                                                                              | <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"/> | used PB blaster garage door lubricant                                   |  |
| 2                                          | Check all locking devices. Lubricate as required.                                                                                                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | all are good                                                            |  |
| 3                                          | Inspect gate support rollers and track, lubricate and clean as required.                                                                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | used white lithium grease                                               |  |
| 4                                          | Check bolts, fasteners, and mounting hardware. Tighten as necessary.                                                                                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | all are tight                                                           |  |
| 5                                          | Check for any obstructions that prevent full swing or movement of the gate.                                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no obstructions                                                         |  |
| 6                                          | Check that shrubs and trees are pruned clear of gate.                                                                                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | shrubs and trees are clear of gate                                      |  |
| 7                                          | Check hold open devices for proper operation. Lubricate as required.                                                                                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                         |  |
| 8                                          | 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"/> | top gaurd and wires are tight                                           |  |
| 9                                          | If applicable, inspect hydraulic driveline (hoses, fittings, and gauges) for signs of leakage.                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no hydraulics                                                           |  |
| 10                                         | If applicable, inspect limit switches for proper operation. Adjust as needed.                                                                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | limit switches are correct                                              |  |
| 11                                         | If applicable, inspect photoeyes for proper operation and any signs of damage.                                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no sign's of damage                                                     |  |
| 12                                         | If applicable, have site personnel operate gate with CAC Card insuring proper operation.                                                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | gate functions properly with card                                       |  |
| 13                                         | If applicable, clean control cabinet, ensuring free from debris and insects.                                                                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no debris or insects                                                    |  |

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:**