

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD019 Date of Visit: 01/29/21

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>John Brown</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

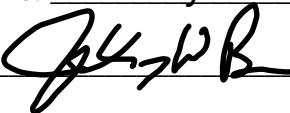
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. Jan PM MAINTENANCE
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

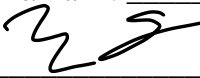
Print Name: Johnny W Brown Date: 01/29/21

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: SFC William Schaffer Date: 01/29/21

Signed: 

E-Mail: _____















PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **GATES**

SITE AND BLDG #: MD019

MECHANIC SIGNATURE:  **DATE:** 01/29/21

LOCATION/RM #: WO# 13426 ASSET # 190918-188

START TIME: 0900 **FINISH TIME:** 1630

| 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. |  | | |
| 2 | Notify affected personnel before performing PM |  | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 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 gate support rollers and track, lubricate and clean as required. |  | | |
| 4 | Check bolts, fasteners, and mounting hardware. Tighten as necessary. |  | | |
| 5 | Check for any obstructions that prevent full swing or movement of the gate. |  | | |
| 6 | Check that shrubs and trees are pruned clear of gate. |  | | |
| 7 | Check hold open devices for proper operation. Lubricate as required. |  | | |
| 8 | Check the top guard and ensure that it is properly fastened and the wires are tight. Tighten as required. |  | | |
| 9 | If applicable, inspect hydraulic driveline (hoses, fittings, and gauges) for signs of leakage. |  | | |
| 10 | If applicable, inspect limit switches for proper operation. Adjust as needed. |  | | |
| 11 | If applicable, inspect photoeyes for proper operation and any signs of damage. |  | | |
| 12 | If applicable, have site personnel operate gate with CAC Card insuring proper operation. |  | | |
| 13 | If applicable, clean control cabinet, ensuring free from debris and 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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
CIRCULATING AND BOOSTER PUMPS

SITE AND BLDG #: MD019 B-1
LOCATION/RM #: WO# 13426 ASSET # 190918-195

MECHANIC SIGNATURE:  **DATE:** 01/29/21
START TIME: 0900 **FINISH TIME:** 1630

| 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. | | | |
| 2 | It is generally not a good idea to tamper with pumps using mechanical seals if they are otherwise performing properly. Since mechanical seals can cost as much as the pump, it is usually not cost effective to risk damaging the seal by performing an annual internal inspection of the pump.-Report any leaks | | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Lubricate pump and motor bearings as per manufacturer's specifications. Bearings require lubrication atleast annually.4 shots of grease per PM | | | |
| 2 | Inspect couplings and check for any pump seal leaks. | | | |
| 3 | Check motor mounts and vibration pads | | | |
| 4 | Tighten all pump flanges. | | | |
| 5 | Visually check pump alignment and coupling -Report unusual vibration | | | |
| 6 | Inspect electrical connections | | | |

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: