

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD019 Date of Visit: 03/22/21

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. PM MAINTENANCE
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 03/22/21

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: SFC William Schaffer Date: 03/22/21

Signed: 

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

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** GATES

**SITE AND BLDG #:** MD019 B-1

**LOCATION/RM #:** WO# 13700 ASSET # 1458

**MECHANIC SIGNATURE:**  **DATE:** 03/22/21

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

| 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. |               |    |                                                                         |
| 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:**