

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: VA050 Date of Visit: 4/16/21

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. Asset#'s
2. 1418, 1464
3. _____
4. PM-AN, PM-MO
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 4/16/21

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: Scott Grenier Date: 4/16/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

GATES

SITE AND BLDG #: Va050-01 **MECHANIC SIGNATURE:** *Richard Walker* **DATE:** 4/16/21
LOCATION/RM #: entry **WO#** 13926 **ASSET #** 1464 **START TIME:** 9am **FINISH TIME:** 5pm

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Notify affected personnel before performing PM	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	
2	Check all locking devices. Lubricate as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Inspect gate support rollers and track, lubricate and clean as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Check bolts, fasteners, and mounting hardware. Tighten as necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Check for any obstructions that prevent full swing or movement of the gate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Check that shrubs and trees are pruned clear of gate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Check hold open devices for proper operation. Lubricate as required.	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	
9	If applicable, inspect hydraulic driveline (hoses, fittings, and gauges) for signs of leakage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	If applicable, inspect limit switches for proper operation. Adjust as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	If applicable, inspect photoeyes for proper operation and any signs of damage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	If applicable, have site personnel operate gate with CAC Card insuring proper operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13	If applicable, clean control cabinent, ensuring free from debris and insects.	<input checked="" type="checkbox"/>	<input 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: