

**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: 
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. | ✓ | / | |
| 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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: