

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD024 Date of Visit: 07/14/21

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. _____
2. _____
3. _____
4. _____
5. _____

76

55

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 07/14/21

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: SSG Richard Gaytan Date: 07/14/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **GATES**

SITE AND BLDG #: MD024 B-1
















MECHANIC
SIGNATURE: 

DATE: 07/14/21

LOCATION/RM #: LOCATION/RM #: WO# 14426 ASSET # 1459, 1460

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: