

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: _____ Date of Visit: _____

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. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

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: _____ Date: _____

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FENCES

SITE AND BLDG #: VA049-01

MECHANIC
SIGNATURE: 

DATE: 07-02-21

LOCATION/RM #: WO# 14490 ASSET # 3Y140

START TIME: 0900

FINISH TIME: 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check posts and corner posts, support guys, and horizontal bars between each support post.	✓		
2	Check wire and anchor point; re-stretch and re-anchor if necessary.	✓		
3	Inspect fence anchors along the bottom of the fence and at the point where the fence is connected to the post.	✓		
4	Report any damage to fence that would cause a security concern	✓		
5	Inspect the bottom of the fence to ensure that there is not a gap larger than 2 inches under the fence.	✓		
6	Check the top guard and ensure that it is properly fastened (angled out) and the wires are tight.	✓		
7	Inspect all wire ties. Note any deficiencies	✓		

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: