

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE007 Date of Visit: 09/15/21

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. \_\_\_\_\_

74

43

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 09/15/21

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: Danielle Barrett Date: 09/15/21

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### GATES

SITE AND BLDG # **DE007 B-2**MECHANIC  
SIGNATURE: DATE: **09/15/21**LOCATION/RM #: \_\_\_\_\_ WO# **14883** ASSET # **1454**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 cabinent, 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:**