

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 6/6/22

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>PATRICK BROWN</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

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

1. WO#'S , 17224 , 17256 , 17257-17259 , 17306-17310 , 17363 , 17386 ,
2. 17387 , 17452-17457 , 17561 , 17570 , 17605 , 17388 , 17458 , 17459 ,
3. 17460 , 17606 , 17461 , 17607
4. ASSET#'S , 10552-10555 , 10547-10550 , 10558 , 10612 , 10610 ,
5. 10615 , 10556 , 10557 , 10611 , 10617-10619 , 10641 , 10623-10625 ,  
10642 , 190917-, 423 , 424 , 427 , 428 , 451 , 450 , 423-429 , 448 , 460 ,  
462

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/6/22

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: Ammie Mearero Date: 6/6/22

Signed:  \_\_\_\_\_

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST  
FENCES**

**SITE AND BLDG #:** NY067 BLDG1

**MECHANIC SIGNATURE:** 

**DATE:** 6/6/22

**LOCATION/RM #:** mov parking  
**WO#** 17561 **ASSET #** 190917-451

**START TIME:** 2:30pm

**FINISH TIME:** 3:30pm

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

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 perfomed by: General Maintenance Worker

**Additional Notes:**