

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 6/1/22

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 , 17226 , 17563 , 17575 , 17609 , 17227 , 17564 , 17571 ,
 2. 17576 , 17610 , 17611
 3. ASSET#'S , 190917-, 606-611 , 617 , 634 , 635 , 604 , 618 , 619 ,
 4. 643 , 609 , 610 , 611 , 620 , 641 , 679 , 680 , 681 , 691 , 695 , 698 ,
 5. 705 , 706 , 690 , 696 , 713 , 724 , 697 , 699 , 701 , 704 , 725 , 726 ,
- 730

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/1/22

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: LARS LUFFMAN Date: 6/1/22

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FENCES

SITE AND BLDG #: NY127 BLDG2

MECHANIC
SIGNATURE: 

DATE: 6/1/22

BLDG2 Outside

LOCATION/RM #: WO# 17564 ASSET # 190917-713

START TIME: 3PM

FINISH TIME: 3:30pm

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.	<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 performed by: General Maintenance Worker

Additional Notes: