

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: NY013 Date of Visit: 1-15-19

Contractor Personnel on Site:

1. <u>Patrick Brown</u>	3. _____
2. _____	4. _____

### Work Performed:

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

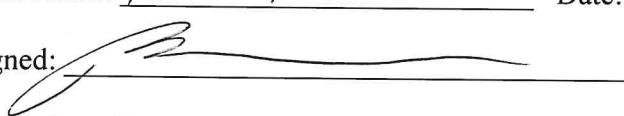
1. 1797AN, 1798AN, 1799AN, 1800AN, 1947SA, 1948SA, 1949SA, 1950SA, 1951SA, 1952SA
2. Various Kitchen Equipment, Overhead Doors, Dehumidifier
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1-15-19

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: Hutchins, Candi M. Date: 20190115

Signed: Candi M. Hutchins

E-Mail: candi.m.hutchins.civ@mail.mil

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**MANUAL/AUTOMATIC OVERHEAD DOORS**

SITE AND BLDG #: NY 013 - Bldg 1

1948

9246

LOCATION/RM #: Assembly Hall WO# 1949

9248

1950

9249

MECHANIC  
SIGNATURE: 

DATE: 1-15-19

START TIME: 9:45

FINISH TIME: 11:00

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered.	<input checked="" type="checkbox"/>		
2	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	<input checked="" type="checkbox"/>		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check with door operating personnel for any known deficiencies.	<input checked="" type="checkbox"/>		No known Deficiencies
2	Inspect general arrangement of door and mechanism, mountings, standards, wind locks, anchor bolts, counterbalances, weather stripping, door sweeps etc. Clean, tighten, and adjust repair as required.	<input checked="" type="checkbox"/>		All are in good shape
3	If applicable, operate with power from start to stop and at intermediate positions. Observe performance of various components, such as brake, limit switches, door operating speed, motor, gear box, etc. Clean and adjust as needed.	<input checked="" type="checkbox"/>		All functioned properly
4	Check operation of safety edges, stops, electric eye, treadle, or other operating devices. Clean and make required adjustments or repairs.	<input checked="" type="checkbox"/>		Safety edges Reversed the door properly
5	Check manual operation. Note brake release, motor disengagement, functioning or hand pulls, chains sprockets, clutch, etc.	<input checked="" type="checkbox"/>		
6	If applicable, examine all wiring, motor, starter, push button, etc., blow out or vacuum if needed.	<input checked="" type="checkbox"/>		All wiring in good shape No loose connections and the panel was clean
7	If applicable, inspect gear box, change or add oil as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No gear Box or oil
8	Perform required lubrication. Remove old or excess lubricant.	<input checked="" type="checkbox"/>		Used white lithium grease
9	Clean unit and mechanism thoroughly. Touch up paint where required.	<input checked="" type="checkbox"/>		
10	Clean up and remove all debris.	<input checked="" type="checkbox"/>		

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: