

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 2-21-19

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. 2208MO,2209MO,2417QT,2418QT,2419QT,2420QT, 2500SA,
2. 2421QT,2422QT,2423QT,2424QT
3. Lighting, Gate, circulating pump, Water heater, Emergency lighting,
4. Exit signs
5. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2-21-19

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: Doug Rushlo Date: 2/22/19

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

E-Mail: douglas.rushlo.ctr@mail.mil

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST GATES

SITE AND BLDG #: **NY039-01**

MECHANIC

SIGNATURE: DATE: **2-15-19**

LOCATION/RM #:

WO# **2209**ASSET # **9935**START TIME: **10:30 am**FINISH TIME: **11:15 am**

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	Review manufacturer's instructions.	<input checked="" type="checkbox"/>		
3	Schedule shutdown with operating personnel.	<input checked="" type="checkbox"/>		
4	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"/>		
5	This work should be scheduled at non-peak hours.	<input checked="" type="checkbox"/>		
6	Notify affected personnel before performing PM (alarmed or security entrances).	<input checked="" type="checkbox"/>		
7	Post "out of service" signs and/or barricades, as appropriate.	<input checked="" type="checkbox"/>		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Inspect all pivot points, hinges, latches, etc. Apply lubricant where needed, wiping off excess.	<input checked="" type="checkbox"/>		used PB. blaston garage door lubricant
2	Check all locking devices. Lubricate as required.	<input checked="" type="checkbox"/>		
3	Inspect center gate support rollers and lubricate as required.	<input checked="" type="checkbox"/>		used PB Belstar garage door lubricant
4	Clean roller track of any debris.	<input checked="" type="checkbox"/>		NO debris
5	Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary.	<input checked="" type="checkbox"/>		all are tight
6	Check for any obstructions that retard full swing or movement of the gate.	<input checked="" type="checkbox"/>		NO obstructions
7	Check that shrubs and trees are pruned clear of gate.	<input checked="" type="checkbox"/>		all clear
8	Check hold open devices for proper operation. Lubricate as required.	<input checked="" type="checkbox"/>		
9	Check the top guard and ensure that it is properly fastened and the wires are tight. Tighten as required.	<input checked="" type="checkbox"/>		Wires are tight

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: