

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY113 Date of Visit: 12/18/19 - 12/30/19

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. WO'S - 6423PMM, 6456PMS, 6104PFQ, 6424PMM,6457PMS
2. GATES, HEATERS,WALL PACKS, LIGHTING, FILTERS
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/30/19

Signed: 

To be signed by Facility Manager:

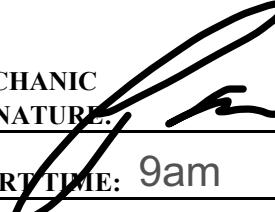
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: ZACHARY RUMO Date: 12/30/19

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**GATES**

SITE AND BLDG #: **NY113-01**MECHANIC  
SIGNATURE: DATE: **12/18/19**

|                |                 |                           |                          |
|----------------|-----------------|---------------------------|--------------------------|
| LOCATION/RM #: | WO# <b>6423</b> | ASSET # <b>190917-544</b> | START TIME: <b>9am</b>   |
|                | <b>6456</b>     | <b>190917-545</b>         | FINISH TIME: <b>10am</b> |

| 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 (alarmed or security entrances).   | ✓             | /  |   |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |   |               |    |   |
| 1  | Inspect all pivot points, hinges, latches, etc. Apply lubricant where needed, wiping off excess.  | ✓             | /  | used PB blaster garage door lubricant                                   |
| 2  | Check all locking devices. Lubricate as required.   | ✓             | /  |   |
| 3  | Inspect center gate support rollers and lubricate as required.  | ✓             | /  | used white lithium grease   |
| 4  | Clean roller track of any debris.   | ✓             | /  | no debris   |
| 5  | Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary.  | ✓             | /  | all are good  |
| 6  | Check for any obstructions that retard full swing or movement of the gate.  | ✓             | /  | no obstructions   |
| 7  | Check that shrubs and trees are pruned clear of gate.   | ✓             | /  | shrubs and trees are clear of gate                                      |
| 8  | Check hold open devices for proper operation. Lubricate as required.  | ✓             | /  |   |
| 9  | Check the top guard and ensure that it is properly fastened and the wires are tight. Tighten as required.   | ✓             | /  | top guard and 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: