

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 1/15/20

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 6690-6691MO, 6719-6720SA, 6826PMM, 6832PMQ, 6845PMS,
2. 6721SA, 6833PMQ
3. LIGHTING, GATES, OVERHEAD DOORS, DEHUMIDIFIER
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1/15/20

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: SFC PATRIC HANLON Date: 1/15/20

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### GATES

MECHANIC  
SIGNATURE: 

DATE: 1/15/20

SITE AND BLDG #: NY051-01

 LOCATION/RM #:      WO# 6691      ASSET # 10069  
    6826      190917-299

START TIME: 8am

FINISH TIME: 8:30am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Notify affected personnel before performing PM (alarmed or security entrances).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect all pivot points, hinges, latches, etc. Apply lubricant where needed, wiping off excess.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Check all locking devices. Lubricate as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Inspect center gate support rollers and lubricate as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Clean roller track of any debris.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Check for any obstructions that retard full swing or movement of the gate.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7	Check that shrubs and trees are pruned clear of gate.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Check hold open devices for proper operation. Lubricate as required.	<input checked="" type="checkbox"/>	<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"/>	<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:** Asset# 190917-299 is nonfunctional there is a capital project submitted to have all the gates on this site replaced