

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY113 Date of Visit: 1/9/20 - 1/10/20
1/28/20

Contractor Personnel on Site:

1. Patrick Brown 3. _____
2. _____ 4. _____

Work Performed:

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

1. WO'S 6828PMM, WO 6838PMQ, 6846PMS, 6829PMM, 6839PMQM,
2. 6847PMS, 6847PMS, 6840PMQ, 6848PMS, 6888PMQ, 6891 PMQ
3. GATES, LIGHTING, DEHUMIDIFIER, OVERHEAD DOORS, FILTERS
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1/28/20

Signed: 

To be signed by Facility Manager:

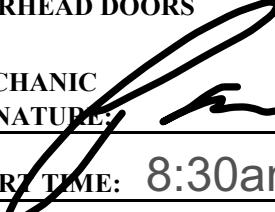
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: MARYLD EDMUNDS Date: 1/28/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
MANUAL/AUTOMATIC OVERHEAD DOORS

SITE AND BLDG #: **NY113-02**MECHANIC
SIGNATURE: DATE: **1/28/20**

LOCATION/RM #:

WO# 6847ASSET # **190917-546**START TIME: **8:30am**FINISH TIME: **11am**

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 type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with door operating personnel for any known deficiencies.	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	all are good
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"/>	<input type="checkbox"/>	door functions properly in all positions
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"/>	<input type="checkbox"/>	all function properly
5	Check manual operation. Note brake release, motor disengagement, functioning or hand pulls, chains sprockets, clutch, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	door functions properly manually
6	If applicable, examine all wiring, motor, starter, push button, etc., blow out or vacuum if needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all wiring is good
7	If applicable, inspect gear box, change or add oil as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Perform required lubrication. Remove old or excess lubricant.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	used PB blaster garage door lubricant
9	Clean unit and mechanism thoroughly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	Clean up and remove all debris.	<input checked="" type="checkbox"/>	<input 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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DEHUMIDIFIER

SITE AND BLDG #: **NY113-02**MECHANIC
SIGNATURE: DATE: **1/28/20**LOCATION/RM #: **VAULT** WO# **6847**ASSET # **190917-561**START TIME: **11am**FINISH TIME: **11:30am**

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 type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check water inlet and outlet for any leaks, repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no leaks
2	Clean and/or replace filter as needed. -Record space humidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Space Humidity <u>30</u> %
3	If applicable, check hours per usage, replace tanks's as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no hour meter

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: I replaced the filter ; 16x20x2,
quantity of 1