

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 2/6/20

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 6976AN, 7017-7018MO, 7208-7211QT, 7276SA, 7279PMM, 7292PMQ
2. 7304-7305 PMS, 6941PFA, 7212-7215 PMQT
3. BOILER, OUTSIDE LIGHTING, GATES, CIRCULATING PUMP, HEATER, EXPANSION
4. TANKS, EMERGENCY EXIT SIGNS, KEYPAD ENTRY, AIR COMPRESSOR FILTER
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/6/20

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: E5 Carlos Erazo Date: 2/6/20

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

**MECHANIC  
SIGNATURE**

**DATE:** 2/6/20

~~START TIME:~~ 9am

**FINISH TIME:** 9:45am

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

LOCATION/RM #:	WO#	7018	ASSET #	9935
		7279		1909

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"/>	used PB blaster garage door lubricant
2	Check all locking devices. Lubricate as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	used white lithium grease
3	Inspect center gate support rollers and lubricate as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no center gate rollers
4	Clean roller track of any debris.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no debris
5	Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary.	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	no obstructions
7	Check that shrubs and trees are pruned clear of gate.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	shrubs and trees are clear of gate
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"/>	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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**