

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: \_\_\_\_\_ Date of Visit: 4/4/19

Contractor Personnel on Site:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Work Performed:**

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

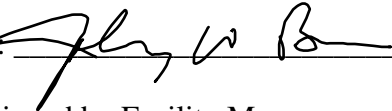
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

-----

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 4/4/19

Signed: 

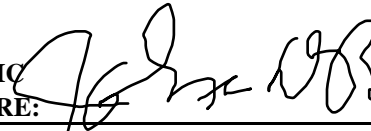
To be signed by Facility Manager:



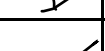

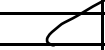






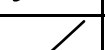
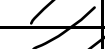
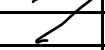


By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST****GATES****MECHANIC  
SIGNATURE:****DATE:** 4/4/19**SITE AND BLDG #:** MD019-B1**LOCATION/RM #:** **WO#** 8237 **ASSET #** 1458**START TIME:** 0900 **FINISH TIME:** 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS  (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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.			
2	Review manufacturer's instructions.			
3	Schedule shutdown with operating personnel.			
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.			
5	This work should be scheduled at non-peak hours.			
6	Notify affected personnel before performing PM (alarmed or security entrances).			
7	Post "out of service" signs and/or barricades, as appropriate.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect all pivot points, hinges, latches, etc. Apply lubricant where needed, wiping off excess.			Entry side gate is still disabled and broken. couldn't PM that side.
2	Check all locking devices. Lubricate as required.			
3	Inspect center gate support rollers and lubricate as required.			
4	Clean roller track of any debris.			
5	Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary.			
6	Check for any obstructions that retard full swing or movement of the gate.			
7	Check that shrubs and trees are pruned 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.			

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:**