

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

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

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. \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**

SITE AND BLDG #: **NY065-01**LOCATION/RM #: **WO# 9244**      **ASSET # 7562**MECHANIC  
SIGNATURE: DATE: **6/19/19**START TIME: **7 AM**FINISH TIME: **12**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.	X		
2	Review manufacturer's instructions.	X		
3	Schedule shutdown with operating personnel.	X		
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.	X		
5	This work should be scheduled at non-peak hours.	X		
6	Notify affected personnel before performing PM (alarmed or security entrances).	X		
7	Post "out of service" signs and/or barricades, as appropriate.	X		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Inspect all pivot points, hinges, latches, etc. Apply lubricant where needed, wiping off excess.	X		
2	Check all locking devices. Lubricate as required.	X		
3	Inspect center gate support rollers and lubricate as required.	X		
4	Clean roller track of any debris.	X		
5	Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary.	X		
6	Check for any obstructions that retard full swing or movement of the gate.	X		
7	Check that shrubs and trees are pruned clear of gate.	X		
8	Check hold open devices for proper operation. Lubricate as required.	X		
9	Check the top guard and ensure that it is properly fastened and the wires are tight. Tighten as required.	X		

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:**