

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. _____

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: _____

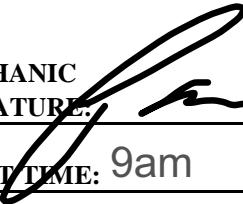
Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

GATES

SITE AND BLDG #: NY030-01

LOCATION/RM #: WO# 9247 ASSET # 7573
7574MECHANIC
SIGNATURE: 

DATE: 6/18/19

START TIME: 9am

FINISH TIME: 9:30am

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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Review manufacturer's instructions.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Schedule shutdown with operating personnel.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	This work should be scheduled at non-peak hours.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Notify affected personnel before performing PM (alarmed or security entrances).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7	Post "out of service" signs and/or barricades, as appropriate.	<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 white lithium grease
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"/>	used white lithium grease
4	Clean roller track of any debris.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	roller track is clear of 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 is good 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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: