

**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

### LIGHTING, OUTSIDE

SITE AND BLDG #: **NY051-01**MECHANIC  
SIGNATURE: DATE: **7/20/20**LOCATION/RM #: **WO# 9151 9292** ASSET # **10066 190917-294**START TIME: **8am**FINISH TIME: **8:30am**

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                                                                                                                                           | TASK COMPLETE                       |                                     | NOTES/ ACTIONS<br>(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 to. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                         |
| 2                                          | Schedule and coordinate work with operating personnel.                                                                                                                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                         |
| 3                                          | 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"/> |                                                                         |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |                                                                                                                                                                                  |                                     |                                     |                                                                         |
| 1                                          | Open and tag switch.                                                                                                                                                             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                         |
| 2                                          | Inspect visual condition of wiring. Look for evidence of overheating.                                                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | wiring is good                                                          |
| 3                                          | Check for proper light operation.                                                                                                                                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | lights function properly                                                |
| 4                                          | Test operation of automatic switches/ time clock/ photocells if applicable.                                                                                                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | all function properly                                                   |
| 5                                          | Inspect light pole and mounting devices for deficiencies.                                                                                                                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | light pole and mountings are good                                       |
| 6                                          | For any noted deficiency, takes pictures and open corrective maintenance ticket.                                                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no deficiencies noted                                                   |

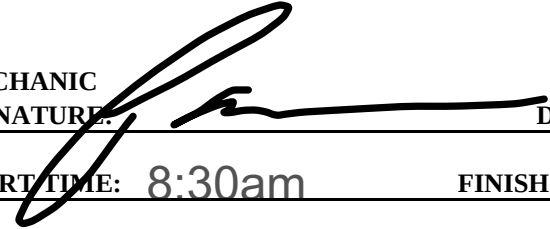
Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **GATES**

**SITE AND BLDG #:** NY051-01

**MECHANIC  
SIGNATURE:** 

**DATE:** 7/20/20

**LOCATION/RM #:** **WO# 9152** **ASSET # 10069**  
**9292** **190917-299**

**START TIME:** 8:30am

**FINISH TIME:** 9:30 am

| CHECK<br>POINT                             | CHECKPOINT DESCRIPTION                                                                                                                                                        | TASK COMPLETE                       |                                     | NOTES/ ACTIONS<br><br>(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"/> | no center gate rollers                                                      |
| 4                                          | Clean roller track of any debris.                                                                                                                                             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | no roller track                                                             |
| 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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:** these gates have a capital project submitted to have  
all the gates replaced