

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: \_\_\_\_\_ Date of Visit: 8/19/19

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. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 8/19/19

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/Room: Danielle Barrett Date: 8/19/19

Signed: 

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

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

MECHANIC  
SIGNATURE:




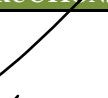

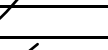
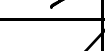
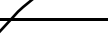

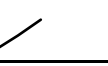

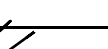







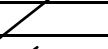

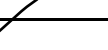

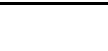
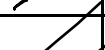
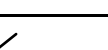
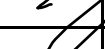
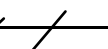

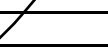




DATE: 8/19/19

START TIME: 0900

FINISH TIME: 1630

SITE AND BLDG #: DE007-02

LOCATION/RM #: WO# 9662 ASSET # 1454

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.			
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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**