

**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. _____

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/Rank: Danielle Barrett Date: 8/19/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
GATES

SITE AND BLDG #: **DE007-02**MECHANIC
SIGNATURE:

DATE:

 8/19/19LOCATION/RM #: **WO# 9662 ASSET # 1454**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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Review manufacturer's instructions. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Schedule shutdown with operating personnel. | <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> | |
| 5 | This work should be scheduled at non-peak hours. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Notify affected personnel before performing PM (alarmed or security entrances). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 | Post "out of service" signs and/or barricades, as appropriate. | <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> | |
| 2 | Check all locking devices. Lubricate as required. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Inspect center gate support rollers and lubricate as required. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Clean roller track of any debris. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Check bolts, fasteners, and mounting hardware. Tighten or adjust as necessary. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Check for any obstructions that retard full swing or movement of the gate. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 | Check that shrubs and trees are pruned clear of gate. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 8 | Check hold open devices for proper operation. Lubricate as required. | <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> | |

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: