

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
DOOR KEYPAD / CARD READER

SITE AND BLDG #: PA168-01

MECHANIC
SIGNATURE:

7.11.19

LOCATION/RM #: WO# 9916 ASSET # 7866

START TIME: 6 AM

FINISH TIME: 1 PM

| 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 to. | X | | |
| 2 | 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 | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | If applicable, test the controls for communications to the monitoring center. Inspect key pad for sticking keys and LED lights proper operation . | X | | |
| 2 | Check power supplies.Clean keys and pad with a quick dry electrical cleaner .Wipe unit down | X | | |
| 3 | Inspect and test the operation of device.-Observe unit in use | X | | |
| 4 | Ensure proper protection of all visible wiring and conduits | X | | |
| 5 | Verify that no compromise to devices has occurred (compromise of devices could be from building alterations, partitions, furniture or other obstacles) Any deficiencies found open a CM work order in Maximo and quote will be provided for CM repairs .Notate in note Column | 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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
GATES

SITE AND BLDG #: PA168-01

LOCATION/RM #: WO# 9842 ASSET # 7502
9916 7530/7553

MECHANIC
SIGNATURE: 

DATE: 7-11-19

START TIME: 6AM

FINISH TIME: 1PM

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

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To be performed by: General Maintenance Worker

Additional Notes:

ASSET # 7563 IS OUT OF SERV.

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
MANUAL/AUTOMATIC OVERHEAD DOORS

SITE AND BLDG #: **PA168-01**MECHANIC
SIGNATURE: DATE: **7-11-19**

LOCATION/RM #: **WO# 9916** **ASSET # 7678/7701**
7998/8005

START TIME: **6 AM**FINISH TIME: **1 PM**

| 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. | X | | |
| 2 | 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 | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Check with door operating personnel for any known deficiencies. | X | | |
| 2 | Inspect general arrangement of door and mechanism, mountings, standards, wind locks, anchor bolts, counterbalances, weather stripping, door sweeps etc. Clean, tighten, and adjust repair as required. | X | | |
| 3 | If applicable, operate with power from start to stop and at intermediate positions. Observe performance of various components, such as brake, limit switches, door operating speed, motor, gear box, etc. Clean and adjust as needed. | X | | |
| 4 | Check operation of safety edges, stops, electric eye, treadle, or other operating devices. Clean and make required adjustments or repairs. | X | | |
| 5 | Check manual operation. Note brake release, motor disengagement, functioning or hand pulls, chains sprockets, clutch, etc. | X | | |
| 6 | If applicable, examine all wiring, motor, starter, push button, etc., blow out or vacuum if needed. | X | | |
| 7 | If applicable, inspect gear box, change or add oil as required. | X | | |
| 8 | Perform required lubrication. Remove old or excess lubricant. | X | | |
| 9 | Clean unit and mechanism thoroughly. Touch up paint where required. | X | | |
| 10 | Clean up and remove all debris. | X | | |

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To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOOR KEYPAD / CARD READER

SITE AND BLDG #: **PA168-01**MECHANIC
SIGNATURE: DATE: **7-11-19**LOCATION/RM #: **WO# 9916** **ASSET # 7866**START TIME: **6 AM**FINISH TIME: **1 PM**

| 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 to. | X | | |
| 2 | 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 | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | If applicable, test the controls for communications to the monitoring center. Inspect key pad for sticking keys and LED lights proper operation . | X | | |
| 2 | Check power supplies.Clean keys and pad with a quick dry electrical cleaner .Wipe unit down | X | | |
| 3 | Inspect and test the operation of device.-Observe unit in use | X | | |
| 4 | Ensure proper protection of all visible wiring and conduits | X | | |
| 5 | Verify that no compromise to devices has occurred (compromise of devices could be from building alterations, partitions, furniture or other obstacles) Any deficiencies found open a CM work order in Maximo and quote will be provided for CM repairs .Notate in note Column | X | | |

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To be performed by: General Maintenance Worker

Additional Notes: