

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DOOR KEYPAD / CARD READER**

**SITE AND BLDG #:** WY024 - 356      **MECHANIC SIGNATURE:** John L. Laver      **DATE:** 7/8/2022

**LOCATION/RM #:** WO#      **ASSET #**

**START TIME:** \_\_\_\_\_      **FINISH TIME:** \_\_\_\_\_

ITEM	DESCRIPTION	HECKED	COMPLETED	NOTES / ACTIONS
		YES	NO	DETAILED 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 type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	If applicable, test the controls for communications to the monitoring center. Inspect key pad for sticking keys and LED lights proper operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Check power supplies.Clean keys and pad with a quick dry electrical cleaner .Wipe unit down	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Inspect and test the operation of device. -Observe unit in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Ensure proper protection of all visible wiring and conduits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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	<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:**

ASSET #

W.04

PM - 5A - 9762

9263

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