

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 4/28/22

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>PATRICK BROWN</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- |  |
|--|
| 1. <u>WO#'S , 16700-16705 , 16784 , 16810 , 16811 , 16820 ,</u>    |
| 2. <u>16834 , 16771 , 16812 , 16835 , 16836</u>                    |
| 3. <u>ASSET#'S , 10561-10563 , 10612 , 10626 , 10627 , 10629 ,</u> |
| 4. <u>190917-, 435-437 , 453 , 450 , 421 , 456 , 454 , 461</u>     |
| 5. _____   |

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 4/28/22

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: AMMIE MEARERO Date: 4/28/22

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**CCTV CAMERA/SECURITY MONITOR**

**SITE AND BLDG #:** NY067 BLDG1

**MECHANIC  
SIGNATURE:** 

**DATE:** 4/28/22

**LOCATION/RM #:** BLDG1 **WO#** 16810 **ASSET #** 190917-,  
435,436

**START TIME:** 8:30am

**FINISH TIME:** 9:30am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	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"/>	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	For the system's camera and housing, verify the following: - Camera/lens focus is adjusted properly. - Camera field of view is adjusted to customer's requirements. - Camera lens is dust free. - Interior of camera enclosure is clean and dry. - Check operation of pan tilt and zoom focus. Use controller in control room to check all these operations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	For the system's wiring and cables, verify the following: - Check wiring and cable harnesses for wear and fray. - Check to make sure cable is dressed properly. - Check connectors and cable entry points for loose wiring. - Check that the coaxial cable is transmitting an adequate video signal to control room. Signal should be free of distortion, tearing, hum-bars, EMI, and rolling. - Make sure all coaxial connectors are insulated from conduit and pull boxes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	cable's and wiring are correct

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
3	For the system's control equipment, verify the following: - Monitors are free from picture burn-in and distortion. - Monitors have proper contrast and brightness. - Check that all control equipment is operational. - Clean all monitor screens, control panels, and keyboards with a diluted cleaning solution. - Check all coaxial connectors on the back panels for loose connections. - Check all power connections to ensure AC plugs are not loose.	✓		

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:**

there are 4 cameras that are not working properly, there is a request for a wo to be submitted for this