

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **VAULT DOOR**

SITE AND BLDG #: NY128

MECHANIC  
SIGNATURE: *Eric J. [Signature]*

DATE: 4/10/2023

LOCATION/RM #:

WO# 21554

ASSET #

START TIME: 1300

FINISH TIME: 1344

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED, NO, PROVIDE EXPLANATION)
		YES	NO	
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	Follow lock out tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	✓		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check alignment of dial ring with lock case; correct if necessary.	✓		
2	Check mounting screws of dial ring and lock case; tighten them, using a thread locking compound.	✓		
3	Look for corrosion or presence of any foreign matter that will in any manner affect the lock's proper operation.	✓		
4	Look for any signs of malfunctioning or impending failure.	✓		
5	Look for any signs of tampering, forced, or covert entry; report this to the local Security and Law Enforcement Office.	✓		
6	Check Alignment of door with frame.	✓		
7	Check for difficulty in opening, closing or locking the door.	✓		
8	Replace all defective hardware.	✓		

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.

1. A qualified locksmith with expertise in GSA locks is required.
2. Prior Coordination with the facility must occur prior to scheduled work. (See suggested coordination questions below)
- a. Access to Arms room is accompanied. Someone with unaccompanied access MUST be present at all times during scheduled work.
- b. Coordination AND approval from the Facility Coordinator or Physical Security Officer or PIN Custodian for combination change.

Additional Notes:

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: N Y 128 Date of Visit: 10 APRIL 2023

Contractor Personnel on Site:

- |                       |          |
|-----------------------|----------|
| 1. <u>Eric Taylor</u> | 4. _____ |
| 2. _____              | 5. _____ |
| 3. _____              | 6. _____ |

Service Call Number

CSS# \_\_\_\_\_ WO# 21554

Description of Repairs

Vault and lock PM  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Eric Taylor Date: 4/10/23

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: Warren Chry GS-01 Date: 4/10/23

Signed: 

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