CERTIFICATION OF WORK
**PREVENTIVE MAINTENANCE**

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

FACID/Building: NY128 Date of Visit: 4/7/21

Contractor Personnel on Site:

1. ERIC TAYLOR
2. _____
3. _____
4. _____

**Work Performed:**

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

1. PM one arms vault and change combo
2. _____
3. _____
4. _____
5. _____

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Eric Taylor Date: 4/7/21

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 Cheng Date: 4/7/21

Signed: _____

E-Mail: warren.cheng2.civ@mail.mil

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CMI Management Inc.

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
## VAULT DOOR

SITE AND BLDG #: NY128

MECHANIC SIGNATURE: Erin Dayton DATE: 4/7/24

LOCATION/RM #: 152 WO# 12360 ASSET # 10863

START TIME: 0815 FINISH TIME: 0850

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE YES | TASK COMPLETE NO | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---|---|---|
| | **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. | ✓ | | |
| 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. | ✓ | | |
| | **TO BE PERFORMED AT EACH INSPECTION SERVICE** | | | |
| 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 discription 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:**



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