

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOOR KEYPAD / CARD READER

SITE AND BLDG #: PA051-01 MECHANIC SIGNATURE: Anthony Friedman DATE: 7-30-19
 LOCATION RM #: Ent-1 WO#: 9688 ASSET #: 6403 START TIME: 11:30 AM FINISH TIME: 11:50 AM

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES / ACTIONS
		YES	NO	
1	In addition to the procedure(s) outlined in this standard, the equipment shall be inspected in accordance with the recommended maintenance procedure(s) and/or instruction(s) shall be strictly followed to ensure proper operation of the equipment.	<input checked="" 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"/>		
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 prior operation.	<input checked="" type="checkbox"/>		
2	Check power supplies Clean keys and pad with a quick dry electrical cleaner Wipe unit down	<input checked="" type="checkbox"/>		
3	Inspect and test the operation of device. Observe unit in use	<input checked="" type="checkbox"/>		
4	Ensure proper protection of all visible wiring and conduit	<input checked="" 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"/>		

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:

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: PA051-01 Date of Visit: 7-30-19

Contractor Personnel on Site:

1. Anthony Friedman
2. Tea Check
3. _____
4. _____

Work Performed:

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

1. PM-AN-5425A, WO: 9688
2. Asset 6403 Door, 6433 Security, 6434 Security,
3. 6460 Security, 6471 Camera, 6488 Motion,
4. 6492 Camera, 6493 Camera, 6511 Camera
5. PM-SA-7089 WO: 9863 Asset 7872 Door

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Anthony Friedman Date: 7-30-19

Signed: Anthony Friedman

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: MOSER, ALLISON, M. CW3 Date: 30 JUL 2019

Signed: Allison Moser

E-Mail: allison.m.moser.mil@mail.mil