

CMi Management Inc.

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOOR KEYPAD / CARD READER

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETED		NOTES / ACTIONS
		YES	NO	
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and the instructions shall be strictly adhered to.	<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"/>		
1	If applicable, use the controls for communications to the monitoring center. Swap key pad for sticking keys and LED lights proper operation.	<input checked="" type="checkbox"/>		
2	Check power supplier (Charger) and pad with a quick dry electrical cleaner.	<input checked="" type="checkbox"/>		
3	Wipe and clean.	<input checked="" type="checkbox"/>		
4	Inspect and test the operation of device. Observe unit in use.	<input checked="" type="checkbox"/>		
5	Estimate proper protection of all trailing wiring and conduits.	<input checked="" type="checkbox"/>		
	Verify that no compromise to device has occurred (compromise of device could be from building abrasions, particulate, furniture or other obstacle). Any deficiencies found open a CM work order in Maximo and quote will be provided for CM repairs. Update 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 #, photo, 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 3. _____
2. Joe check 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 M. Moser
E-Mail: Allison.m.moser.mil@mil.mil