

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DOOR KEYPAD / CARD READER

SITE AND BLDG #: WV043-01 MECHANIC SIGNATURE: Anthony Friedman DATE: 7-26-19
 LOCATION RM #: Front Entry W09864 ASSET # 7876 START TIME: 8:30 AM FINISH TIME: 9:30 AM

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS
		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 to.	✓		
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.	✓		
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 proper operation.	✓		
2	Check power supplies. Clean keys and pad with a quick dry electrical cleaner. Wipe unit down.	✓		
3	Inspect and test the operation of device. Observe unit in use.	✓		
4	Inspect proper protection of all visible wiring and conduit.	✓		
5	Verify that no compromise to device has occurred (compromise of device could be from building abnormalities, vibrations, lightning or other obstacles). Any deficiencies found open a CM work order in Maximo and quote will be provided for CM repairs. Notify in next Column.	✓		

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiency 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: WV043-01 Date of Visit: 7-26-19

Contractor Personnel on Site:

1. Anthony Friedman
2. Toochuck
3. _____
4. _____

Work Performed:

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

1. PM-SA-7090-WO 9864
2. Asset 9864 Access Control, Motion # 6483,
3. Security 7916, 7876 Access
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Anthony Friedman Date: 7-26-19

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: SSgt Sisco, Steven S. Date: 20190726

Signed: Steven S Sisco

E-Mail: Steven.S.Sisco.mil@mail.mil