PA 341

INVOICE

21427

QUALITY LOCK .NET
520 Edgewood Ave. • Trafford, PA 15085-1121
(412) 380-3000 • (724) 744-4444

NAME CM1 CSS# 19482	DATE 6/21/19
ADDRESS WO # 9999	PHONE
	ORDERED BY
LOCATON WV0005-001	PLEASE PAY FROM THIS INVOICE **Due Upon Receipt**

DESCRIPTION	PRICE	AMOUNT
Trip Charge * : Electronics $100 Safes $125		
Residential $80 Commercial $100		
* Add for : Same Day / Over 15 Miles / Special		
Labor Per Hour : Electronics: $100/ Safes: $125/		
Residential $80/ Commercial (1 Hr. Min.) $100/		
ReKey : Std $20/ Primus: $30/ Best-IC: $40/		
Masterkeying : Add $10 ea. to above category		
Comb Change : Elect. $75 Key $75 Hand $90		
Additional Keys : $3.00 $4.00 $10.00 $15.00 $25.00		
Per NOTICE TO PROCEED, 6-19-19; DEFEATED VAULT LOCKOUT AND REPLACED S+G 8500 SERIES WITH S+G 2937, TO . FF-L-2937 FEDERAL STANDARD.		3,500 00
LEFT INCLUDED COMB CHANGE KEY WITH RANDY.		
1.5% PER MONTH CHARGE ON AMOUNT DUE PAST 30 DAYS.	SUB-TOTAL	3,500 00
	6% TAX	EXEMPT
	TOTAL	3,500 00

Thank you. CK AIG

AUTHORIZATION FOR SECURITY / EMERGENCY SERVICES

I hereby certify that I have the authority to order the lock, key or security work designated above. Further, I agree to absolve the locksmith who bears this authorization from any and all claims arising from the performance of such work.

EIN: 25-1792031

Signature:_____ Date:_____

THIS IS YOUR ONLY INVOICE. PLEASE PAY FROM THIS INVOICE.

Ref No G 613411849

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

FACID/Building: WV005-001 Date of Visit: 6/21/19

Contractor Personnel on Site:

1. CRAIG TOOCHECK
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. _____
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. CSS# 19482 VAULT MALFUNCTION, COMBINATION.
2. OFF 2 WHOLE NUMBERS. ~~CORRECTED~~ REPLACED.
3. INSTALL SHG 2937 TO MEET FED STD 2937.

WV005-001

Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CRAIG TOOCHECK Date: 6/21/19

Signed: [signature]

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: Randy Mullins SFC Date: 20190621

Signed: [signature]

E-Mail: Randy.B.Mullins.Mil@Mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
VAULT DOOR

SITE AND BLDG #: WV005 MECHANIC SIGNATURE: [signature] DATE: 6/21/19

LOCATION/RM #: WO# 9999 ASSET # 7903 START TIME: 700 FINISH TIME: 900

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.	N/A		
	TO BE PERFORMED AT EACH INSPECTION SERVICE			
1	Check alignment of dial ring with lock case; correct if necessary.	Y		
2	Check mounting screws of dial ring and lock case; tighten them, using a thread locking compound.	Y		
3	Look for corrosion or presence of any foreign matter that will in any manner affect the lock's proper operation.	Y		
4	Look for any signs of malfunctioning or impending failure.	Y		
5	Look for any signs of tampering, forced, or covert entry; report this to the local Security and Law Enforcement Office.	Y		
6	Check Alignment of door with frame	Y		
7	Check for difficulty in opening, closing or locking the door.	Y		
8	Replace all defective hardware	YES		REPLACE SIG8500 WITH SIG 2937

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: