

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE007 Date of Visit: 9/24/19

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. 8260AN, 10632AN, 10629AN
 2. 5-pc Motion Sensor and 1 panel (1043)J-1502000-18 7-pc Motion Sensor (1044)
 3. 1-pc Motion Sensor and 1 panel (1045)
 4. 1-pc Arms Vault PM(1048) SC CSS 21223 WO 10632
 5. 2-pc Arms Vault Door C5VD VD3296 PM(1049) SC CSS 21221 WO 10629
- CSS 18922 WO 8827 VAULT COMBO CHANGE**
-

CERTIFICATION OF WORK

To be signed by the Contractor:

Darius Gholian & Johnny W.


Print Name: Brown Date: 9/24/19

Signed: 

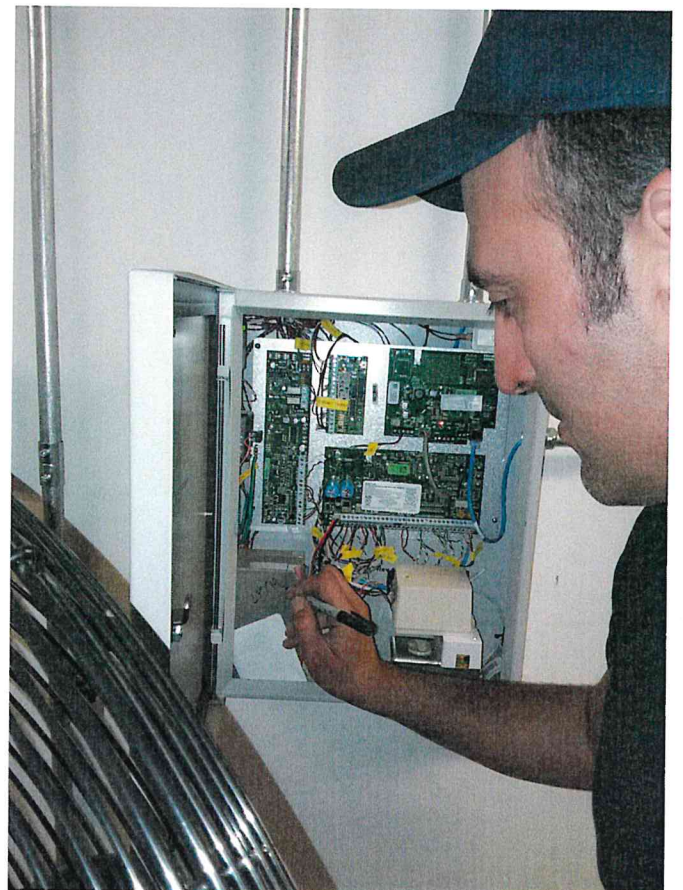
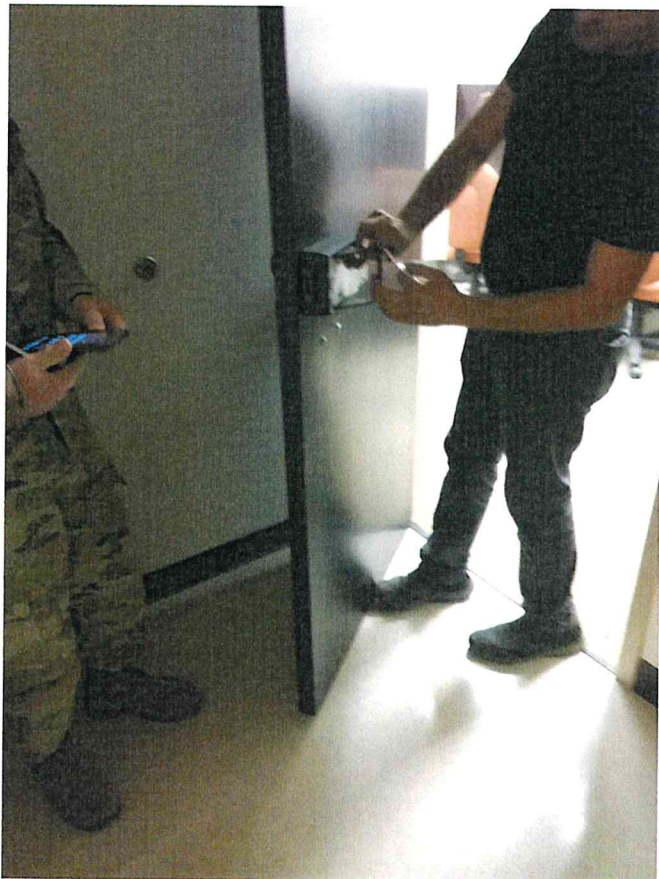
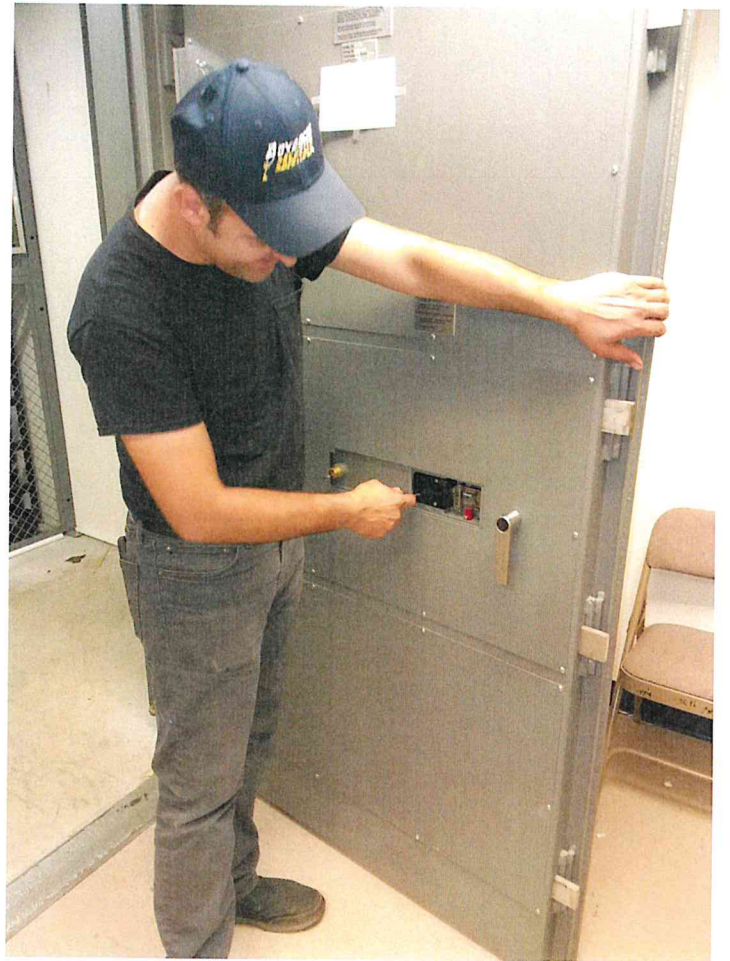
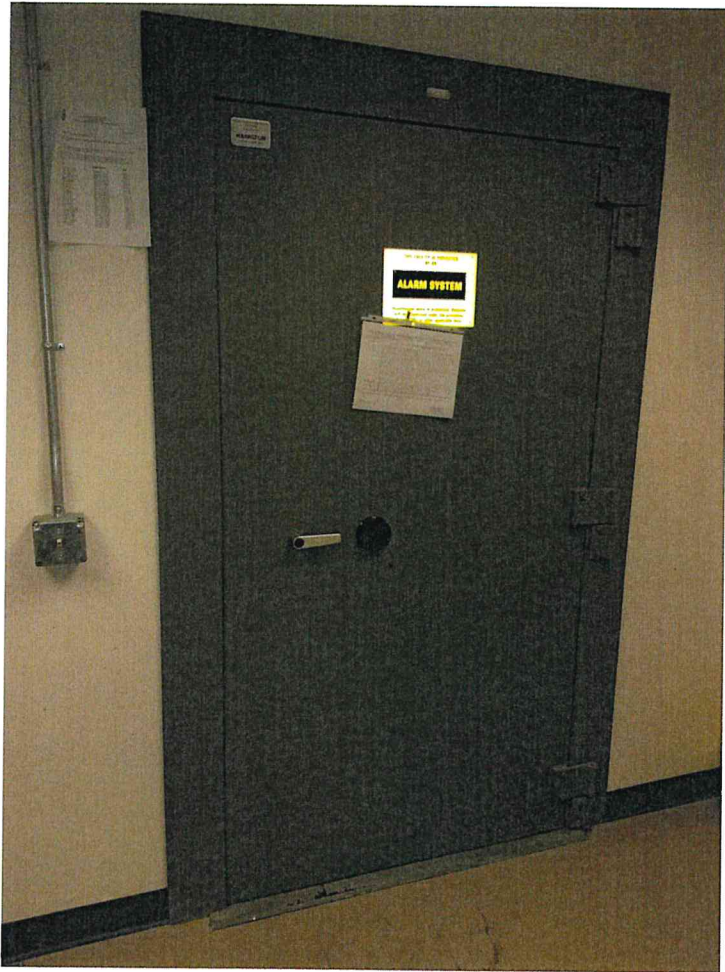
To be signed by Facility Manager:

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/Title: Danielle Barrett Date: 9/24/19

Signed: 

E-Mail: _____





PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **SECURITY SYSTEM (ARMS ROOM ONLY)**

SITE AND BLDG #: **DE007**

MECHANIC

SIGNATURE: 

DATE:

9/24/19

LOCATION/RM #:









WO# **8260**ASSET # **1044**

START TIME:

0900

FINISH TIME:

1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
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 to.			
2	Review manufacturer's instructions. SEE End User Handbook (Separate Attachment) for all DSC Panels			
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	Test the control panels for communications to the monitoring center, sirens, tampers, cameras, and strobe lights. (SEE End User Handbook for testing procedures). Replace any faulty sensor, verify with Central Monitoring Station that it is fully functional.			
2	Inspect and test the operation of all detection devices			
3	Check power supplies			
4	Verify that no compromise to devices has occurred (compromise of devices could be from building alterations, partitions, furniture or other obstacles)			
5	Load test batteries and if needed recommend for replacement.			











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 alarm technician is a requirement. A minimum of 5 years experience with Intrusion Detection Systems 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. All cages with motion sensors should be open. Multiple unit coordination may be necessary.
 - c. In the event that all sensors could not be tested due to accessibility every attempt will be made to test the sensor and if unsuccessful must be noted.
 - d. Ensure facility has access to Maintenance Key.

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **VAULT DOOR**

SITE AND BLDG #: **DE007**MECHANIC
SIGNATURE: DATE: **9/24/19**LOCATION/RM #: **WO# ~~X260~~ 10632 ASSET # 1048**
10629 1049START TIME: **0900**FINISH TIME: **1630**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
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: