

CERTIFICATION OF WORK

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

FACID/Building: DE001

Date of Visit: 9 Sept 2020

Contractor Personnel on Site:

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

Service Calls – Service Call Number and Description

1. WO# 11617
2. WO# 11723
3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

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/Rank: SSG Wright, Andrew Date: 9/9/20

Signed: Andrew D Wright

E-Mail: Andrew.d.wright4.mil@mail.mil



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Bill To:	
Attn:	
Phone:	
Billing Email:	

Name:	CMI
Job Location:	Do-001
Ordered By:	
Work Location (Suite/Door)	
Phone:	

SERVICES PROVIDED

			WORK	ESTIMATE
Access Control	Card Reader			
	Biometric Reader			
	Access Software			
	Digital Keypad			
	Access Card			
	Access Key Fob			
	Intercom			
	Electronic Lock			
Burglar Alarm	Magnetic Lock			
	Alarm System			
	Motion Detector			
	Door Contact			
	Glass Break Detector			
	Smoke- Heat Detector			
CCTV	Cellular Back-up			
	Camera Color			
	Camera B/W			
	DVD-VCR Recorder			
	Multiplexers			
Locks	Flat Panel Monitor			
	Knob Lock			
	Lever Lock			
	Mortise Lock			
	Duplicate Key			
	Padlock			
	Deadbolt Lock			
	Sliding Door Lock			
High Security	Exit Device			
	ASSA			
	Medeco			
	Mul-T-Lock			
	Schlage Primus			
	Schlage Everest			
Safes	Kaba Peaks			
	Safe Sales New-Used			
	Combination Change			
	Safe Service			
	Safe Opening			
	Safe Delivery			
Doors	Safe Moving			
	Door & Frame			
	Metal			
	Wood			
	Aluminum			
	Pivot & Hinge			
Cars	Door Closer			
	Car Alarms			
	Car Remotes			
	Trunk Opening			
	Create Car Key			
	Key Duplication			
	Transponder Key			
	Car Door Lock Repair			
Ignition Switch Repair	Ignition Switch Replacement			
	Ignition Switch Replacement			

I certify that I have the authority as owner or agent for the owner of the property to order the lock, key or security work designated above and to bind the owner under this contract. By signing below, I certify that the owner hereby does absolve, indemnify and hold the locksmith who bears this authorization harmless from any and all claims arising from the performance of such work. The owner is the party responsible for payment in full, and is subject to the terms and conditions printed on the reverse side. If the owner does not make timely payment, the agent shall make payment in full.

Signature

Printed Name

TAG# VIN#

CASH CREDIT BILL CHECK#

Credit Card #

Subtotal

Parts & Labor

Tax

Total

60102

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
SECURITY SYSTEM (ARMS ROOM ONLY)

SITE AND BLDG #: DE001

MECHANIC
 SIGNATURE: *Rick Hibbs*
 ADVANCED SECURITY

DATE: 9/9/2020

LOCATION/RM #: WO# 11617 ASSET # 1006-1007-
 ASSET #1010

START TIME: 11:30 FINISH TIME: 1PM

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.	✓		<i>Replaced (2) batteries</i>

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.

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
CCTV CAMERA/SECURITY MONITOR



MECHANIC

SIGNATURE: Advanced Security

DATE: 9/9/2020

SITE AND BLDG #: DE001

LOCATION/RM #: WO# 11723 ASSET # 190918-

START TIME: 11:30

FINISH TIME: 1PM

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.	✓		
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	For the system's camera and housing, verify the following: - Camera/lens focus is adjusted properly. - Camera field of view is adjusted to customer's requirements. - Camera lens is dust free. - Interior of camera enclosure is clean and dry. - Check operation of pan tilt and zoom focus. Use controller in control room to check all these operations.	✓		(8) Camera's Operational
2	For the system's wiring and cables, verify the following: - Check wiring and cable harnesses for wear and fray. - Check to make sure cable is dressed properly. - Check connectors and cable entry points for loose wiring. - Check that the coaxial cable is transmitting an adequate video signal to control room. Signal should be free of distortion, tearing, hum-bars, EMI, and rolling. - Make sure all coaxial connectors are insulated from conduit and pull boxes.	✓		

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
3	<p>For the system's control equipment, verify the following:</p> <ul style="list-style-type: none"> - Monitors are free from picture burn-in and distortion. - Monitors have proper contrast and brightness. - Check that all control equipment is operational. This means that switchers allow proper sequencing, multiplexers are properly encoding and decoding, and matrix switcher keyboards are fully operational. - Clean all monitor screens, control panels, and keyboards with a diluted cleaning solution. - Check all coaxial connectors on the back panels for loose connections. - Check all power connections to ensure AC plugs are not loose. 	✓		

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: