

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

FACID/Building: Pr 193

Date of Visit: 1/15/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Sam Geerko
3. Scott Wren

4. Frank Sapienza
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work Performed:**

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

1. 7073
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Tony Lazarus Date: 1/15/19  
Signed: Tony Lazarus

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: K. Myslinski Date: 1/15/19  
Signed: K. Myslinski  
E-Mail: \_\_\_\_\_

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

Facility/Building: Pr 193 Date of Visit: 1/15/19

Contractor Personnel on Site:

1. <u>Tony Lazarus</u>	4. <u>Frank Sopierza</u>
2. <u>Jim Geertjens</u>	5. _____
3. <u>Scott Avery</u>	6. _____

Work Performed:

Other Recurring Services

1. <u>6883</u>
2. _____
3. _____
4. _____

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Tony Lazarus Date: 1/15/19  
Signed: Tony Lazarus

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: K. Myslinski Date: 1/15/19  
Signed: K. Myslinski  
E-Mail: \_\_\_\_\_

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DOOR KEYPAD / CARD READER**

SITE AND BLDG #: B 183 -0,

LOCATION/RM #: (623) WO# 7073 ASSET # 7863

MECHANIC  
SIGNATURE: *Scott Murphy*

DATE: 1/15/13

START TIME: 11:00

FINISH TIME: 11:15

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETED		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO PROVIDE EXPLANATION)
		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	Ensure proper protection of all visible wiring and conduits	✓		
5	Verify that no compromise to devices has occurred (compromise of devices could be from building alterations, partitions, furniture or other obstacles) Any deficiencies found open a CM work order in Maximo and quote will be provided for CM repairs. Note in note 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 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:

AUT

Access

Control

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DOOR KEYPAD / CARD READER**

SITE AND BLDG #: *Pc 183 - 01*

LOCATION/RM #: *locn* WO# *7073* ASSET # *7882*

MECHANIC  
SIGNATURE:

*Walt H. Pyle* DATE:

*10-18*

START TIME: *10:30*

FINISH TIME: *11:00*

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETED		NOTES/ACTIONS (IF TASK NOT COMPLETED, PROVIDE EXPLANATION)
		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.		<i>✓</i>	
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.		<i>✓</i>	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	If applicable, test the controls for communications to the monitoring center. Inspect key pad for sticking keys and LED lights proper operation	<i>✓</i>		
2	Check power supplies. Clean keys and pad with a quick dry electrical cleaner. Wipe unit down	<i>✓</i>		
3	Inspect and test the operation of device. Observe unit in use	<i>✓</i>		
4	Ensure proper protection of all visible wiring and conduits	<i>✓</i>		
5	Verify that no compromise to devices has occurred (compromise of devices could be from building alterations, partitions, furniture or other obstacles) Any deficiencies found open a CM work order in Maximo and quote will be provided for CM repairs. Note in note Column	<i>✓</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.

To be performed by: General Maintenance Worker

Additional Notes:

*16 P- Key Card Screen*