

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

FACID Building: Rockville / MPO21 Date of Visit: 8/29/18

Contractor Personnel on Site:

- |                             |          |
|-----------------------------|----------|
| 1. <u>Danyusz L Gholian</u> | 4. _____ |
| 2. <u>Patrick Donovan</u>   | 5. _____ |
| 3. _____                    | 6. _____ |

**Work Performed:**

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

- |             |                            |
|-------------|----------------------------|
| 5. LIST WO# | <u>Chay Batay</u>          |
| 6.          | <u>Chay Combo on vault</u> |
| 7.          | <u>Test motion</u>         |
| 8.          | <u>Test vault door</u>     |
| 9.          | <u>check communication</u> |

**CERTIFICATION OF WORK**

10 need to get key for hold up Bottom

To be signed by the Contractor:

Print Name: Danyusz Gholian Date: 8/29/18

Signed: [Signature]

To be signed by Facility Manager or Government Official

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Rios OSCAR GS9 Date: 20180829

Signed: [Signature]

E-Mail: OSCAR.G.RIOS3.Civ@mail.mil

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **VAULT DOOR**

SITE AND BLDG #: Rockville MDO21MECHANIC  
SIGNATURE: *Devil*DATE: 8/29/14LOCATION/RM #: Rm 114 WO# PM-AN-125 ASSET # 125START TIME: 10:00FINISH TIME: 11:00

| CHECK POINT                                       | CHECKPOINT DESCRIPTION                                                                                                                                                        | TASK COMPLETE                       |    | NOTES/ ACTIONS<br>(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. | <input checked="" type="checkbox"/> |    |                                                                         |
| 2                                                 | Review manufacturer's instructions.                                                                                                                                           | <input checked="" type="checkbox"/> |    |                                                                         |
| 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.                   | <input checked="" type="checkbox"/> |    |                                                                         |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |                                                                                                                                                                               |                                     |    |                                                                         |
| 1                                                 | Check alignment of dial ring with lock case; correct if necessary.                                                                                                            | <input checked="" type="checkbox"/> |    |                                                                         |
| 2                                                 | Check mounting screws of dial ring and lock case; tighten them, using a thread locking compound.                                                                              | <input checked="" type="checkbox"/> |    |                                                                         |
| 3                                                 | Look for corrosion or presence of any foreign matter that will in any manner affect the lock's proper operation.                                                              | <input checked="" type="checkbox"/> |    | <u>Changed Combination</u>                                              |
| 4                                                 | Look for any signs of malfunctioning or impending failure.                                                                                                                    | <input checked="" type="checkbox"/> |    |                                                                         |
| 5                                                 | Look for any signs of tampering, forced, or covert entry; report this to the local Security and Law Enforcement Office.                                                       | <input checked="" type="checkbox"/> |    |                                                                         |
| 6                                                 | Check Alignment of door with frame                                                                                                                                            | <input checked="" type="checkbox"/> |    |                                                                         |
| 7                                                 | Check for difficulty in opening, closing or locking the door.                                                                                                                 | <input checked="" type="checkbox"/> |    |                                                                         |
| 8                                                 | Replace all defective hardware                                                                                                                                                | <input checked="" type="checkbox"/> |    |                                                                         |

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 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:**



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

SITE AND BLDG #: Rockville MD 2021

MECHANIC  
SIGNATURE: [Signature]

DATE: 8/29/18

LOCATION/RM #: Ball 14 Vault WO# PM-4M-120A ASSET # 1273

START TIME: 10:00

FINISH TIME: 11:00

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                                                                                                                                                                                                                             | TASK COMPLETE                       |    | NOTES/ ACTIONS<br>(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.                                                                                   | <input checked="" type="checkbox"/> |    |                                                                         |
| 2                                          | Review manufacturer's instructions. SEE End User Handbook (Separate Attachment) for all DSC Panels                                                                                                                                                                 | <input checked="" type="checkbox"/> |    |                                                                         |
| 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.                                                                                                        | <input checked="" type="checkbox"/> |    |                                                                         |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |                                                                                                                                                                                                                                                                    |                                     |    |                                                                         |
| 1                                          | Test the control panels for communications to the monitoring center, sirens, tamperers, 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. | <input checked="" type="checkbox"/> |    | Need holdup button key or replaced                                      |
| 2                                          | Inspect and test the operation of all detection devices                                                                                                                                                                                                            | <input checked="" type="checkbox"/> |    | Changed Batteries                                                       |
| 3                                          | Check power supplies                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> |    |                                                                         |
| 4                                          | Verify that no compromise to devices has occurred (compromise of devices could be from building alterations, partitions, furniture or other obstacles)                                                                                                             | <input checked="" type="checkbox"/> |    | Called out System + Checked                                             |
| 5                                          | Load test batteries and if needed recommend for replacement.                                                                                                                                                                                                       | <input checked="" type="checkbox"/> |    | Tested System - Checked Communications                                  |

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:**