

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOOR KEYPAD / CARD READER

SITE AND BLDG #: NY023-123

MECHANIC SIGNATURE: *Deen Rowe*

DATE: *1/6/22*

LOCATION/RM #: *B. 123 Entrance*

START TIME: *11Am*

FINISH TIME: *1130Am*

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
NY023-123	15816	9383	PM-SA-9383				J-54 1-pc Key Card Scanner	

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.	<input checked="" type="checkbox"/>		
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.	<input checked="" type="checkbox"/>		
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.	<input checked="" type="checkbox"/>		
2	Check power supplies. Clean keys and pad with a quick dry electrical cleaner. Wipe unit down	<input checked="" type="checkbox"/>		
3	Inspect and test the operation of device. -Observe unit in use	<input checked="" type="checkbox"/>		
4	Ensure proper protection of all visible wiring and conduits	<input checked="" type="checkbox"/>		

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. Notate in note Column	✓		
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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:**

