

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

FACID/Building: NY623 Bldg 200 Date of Visit: 10/19

Contractor Personnel on Site:

1. J. WORME 2. J. RANVANN

**Work Performed:**

Preventive Maintenance - (Annual, Quarterly, Monthly, equipment identification, etc.)  
Service Orders -

Asset #	Qty	Asset Description
		MASS NOTIFICATION SYSTEM
		NOT WORKING
		VARIOUS ERROR
		B/V BATTERIES NEED REPLACEMENT

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: J. WORME Date: 10/19/18

Signed: [Signature]

To be signed by Facility Manager:

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: LOUIS CORBO

Date: 10-29-2019

Signed: [Signature]

E-Mail: LOUIS.A.CORBO-CTR@MAIL.MIL



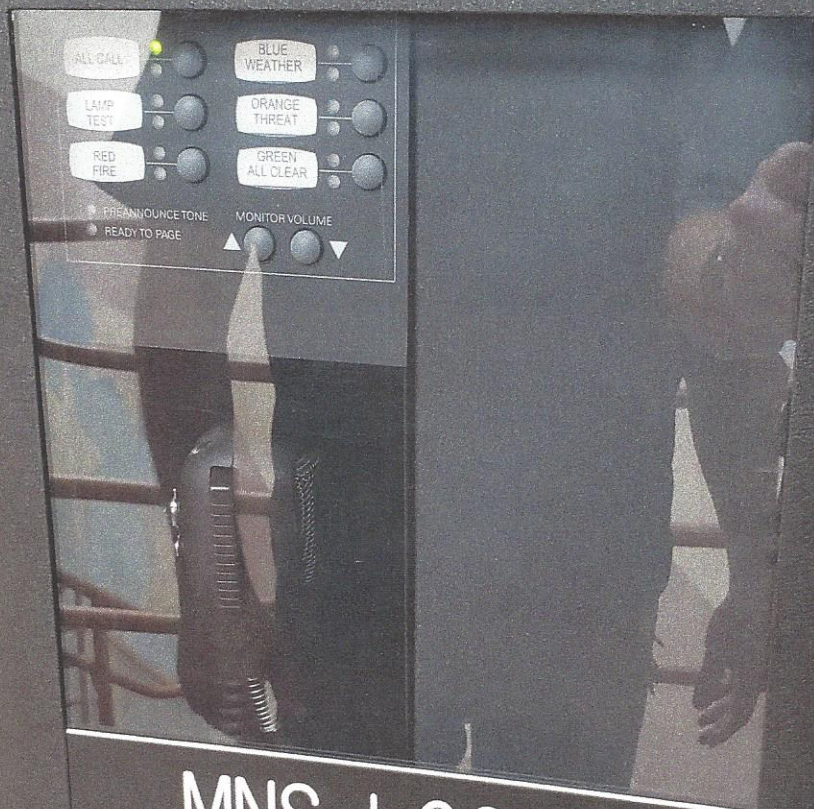








**SIEMENS**



**MNS LOCAL  
OPERATORS  
CONTROL STATION**

**FireFinder**



Alarms 0

Supers 1

Securities 0

Troubles 5

✓ 1st Floor Control Equipment

Apr 16 Multiple

Printer out of paper

IN

✓ 2nd Floor Control Equipment

Jul 13

Multiple

Not responding

IN

✓ 3rd Floor Audible Notification

Jul 17

Multiple

Amplifier 1 Trouble

IN

✓ LPB @ address 34:100

Jul 17

Submodule

Not responding

IN

✓ 3rd Floor Speaker Circuit "W"

Jul 17

Submodule

Not responding

IN





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Battery  
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**Firefinder**



