

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: \_\_\_\_\_

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

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

1. WO 7876 Asset 190917-272
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### SECURITY SYSTEM (ARMS ROOM ONLY)

SITE AND BLDG #: NY039

MECHANIC  
SIGNATURE: 

DATE: 9/3/20

LOCATION/RM #:

WO# 7876

ASSET # 190917-272

START TIME: 7am

FINISH TIME: 7:15am

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	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, 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.		<input checked="" type="checkbox"/>	
2	Inspect and test the operation of all detection devices		<input checked="" type="checkbox"/>	
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"/>	
5	Load test batteries and if needed recommend for replacement.		<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 discription 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:**

we were unable to gain access to the vault