

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: NY065-01

Date of Visit: 7/26/2019

Contractor Personnel on Site:

1. JCI      3. \_\_\_\_\_  
2. \_\_\_\_\_      4. \_\_\_\_\_

### Work Performed:

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

1. 6377AN Motion Sensor, 6378AN Camera, 6503AN Card Reader  
2. WO 9694  
3. WO 3838 Assets 6377 6378  
4. \_\_\_\_\_  
5. \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Nichols Contracting Date: 7/26/2019

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: Crystal L. Records AFOs Date: 7/26/19

Signed: 

E-Mail: Crystal.L.records.CTR@mail.mil

CNT Management Inc.

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST  
SECURITY SYSTEM (ARMS ROOM ONLY)

SITE AND BLDG #: NY065-01

LOCATION/RM #: 104, Rear WO# 3838 ASSET # 6377  
V-unit 6378

MECHANIC  
SIGNATURE: 

DATE: 8-8-2019

START TIME: 15:00

FINISH TIME: 16:15

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		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.	X		Followed
2	Review manufacturer's instructions. SEE End User Handbook (Separate Attachment) for all DSC Panels	X		Followed
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.	X		Followed
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.	X		All OK
2	Inspect and test the operation of all detection devices	X		All OK
3	Check power supplies	X		Could not unlock control panels
4	Verify that no compromise to devices has occurred (compromise of devices could be from building alterations, partitions, furniture or other obstacles)	X		All OK
5	Load test batteries and if needed recommend for replacement.	X		Could not unlock control panels

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: