

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: PA027-01 Date of Visit: 7-26-19

Contractor Personnel on Site:

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

**Work Performed:**

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

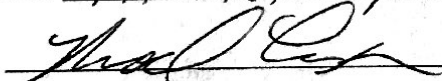
1. 6379AN CAMERA, 6401AN CCTV, 6407 MONITOR
2. WO9709
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: MICHAEL Taylor Date: 7-26-19

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: SHADOWENS, GARY, CIV Date: 26 JUL 19

Signed: 

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



**SERVICE REQUEST**  
**FORWARD TO YOUR ACCOUNTS PAYABLE DEPARTMENT**

BOOK #

227071

3120 Unionville Road - Suite 400  
Cranberry Twp, PA 16066  
P 724-741-3400 F 724-772-2667

"PUT CUSTOMER STAMP ON ALL 3 PAGES"

LICENSE #

TR #

7071

TASK/CALL #

6	7	5	8	4	9	3	9
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PROJECT #

CUSTOMER PURCHASE ORDER

NAME <b>USARC - PA027-01</b>							
ADDRESS (OR ATTENTION OF)							
ADDRESS <b>950 New Castle Rd</b>							
CITY <b>Farmville</b>		STATE <b>PA</b>		ZIP <b>16121</b>			
TR ARRIVAL DATE		BILL	NON-BILL	SERV. COMPL	ACE CODE	NAT. ACCT	
NAME (BILL TO)							
ADDRESS							
CITY				STATE		ZIP	

CUSTOMER PURCHASE ORDER											
LABOR - REG.				LABOR - OT				LABOR - DT			
1.00											
TRAVEL - REG.				TRAVEL - OT				TRAVEL - DT			
3.50											
MIN.								INSP. MONTH			
PHONE								MILES			

LBR - REG	TRAV - REG	LBR - OT
TRAV - OT	MILES	

T I M E	ARRIVAL	0905
	DEPART	1015

I authorize Johnson Controls to proceed with the work as agreed to and outlined below:

Customer signature

Date \_\_\_\_\_

### PAYMENT TERMS

☐ Time and Material

DEPOSIT \$

☐ Price Not to Exceed \$.

BALANCE DUE \$

IMMEDIATE ☐COD ☐NET 10 ☐☐ Fixed Price of \$☐ BILLABLE☐ NON-BILLABLE

SCOPE OF WORK / PROBLEM CODE

SQ# 4467 8634 Inspection

WORK PERFORMED / RESOLUTION CODE

TESTED ALL ASSET DEVICES

ASSET # 6379, 6401, 6402  
LD # 9709

[illegible]

**IMPORTANT NOTICE TO CUSTOMER**

**IMPORTANT NOTICE TO CUSTOMER**

Customer acknowledges and agrees to the terms and conditions on the reverse side of this Service Request, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.**

**JOHNSON CONTROLS FIRE PROTECTION LP**

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**CUSTOMER ACCEPTANCE**

**CUSTOMER ACCEPTANCE**  
*see Certificate of work*  
(Customer Acceptance)

(Print Name)

JOHNSON CONTROLS FIRE PROTECTION LP

(Johnson Controls Representative)

(Print Name) \_\_\_\_\_

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Service Request Form

DISTRICT COPY

SG0793 2/18

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **CCTV CAMERA/SECURITY MONITOR**

SITE AND BLDG #: **PA027-01**MECHANIC  
SIGNATURE: *[Signature]*DATE: **7.26.19**LOCATION/RM #: **6379**WO# **9709** ASSET # **6401**START TIME: **0903**FINISH TIME: **1015**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.	✓		
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.	✓		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	For the system's camera and housing, verify the following: - Camera/lens focus is adjusted properly. - Camera field of view is adjusted to customer's requirements. - Camera lens is dust free. - Interior of camera enclosure is clean and dry. - Check operation of pan tilt and zoom focus. Use controller in control room to check all these operations.	✓		WIPED LENSE HOUSING FOR ALL CAMERAS AND MONITORS.
2	For the system's wiring and cables, verify the following: - Check wiring and cable harnesses for wear and fray. - Check to make sure cable is dressed properly. - Check connectors and cable entry points for loose wiring. - Check that the coaxial cable is transmitting an adequate video signal to control room. Signal should be free of distortion, tearing, hum-bars, EMI, and rolling. - Make sure all coaxial connectors are insulated from conduit and pull boxes.	✓		*CAMERA #7 HAS NO PICTURE - REbooted camera with NO SUCCESS. CAMERA WILL NEED SERVICED (SCISSOR LIFT REQUIRED)

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
3	For the system's control equipment, verify the following: - Monitors are free from picture burn-in and distortion. - Monitors have proper contrast and brightness. - Check that all control equipment is operational. This means that switchers allow proper sequencing, multiplexers are properly encoding and decoding, and matrix switcher keyboards are fully operational. - Clean all monitor screens, control panels, and keyboards with a diluted cleaning solution. - Check all coaxial connectors on the back panels for loose connections. - Check all power connections to ensure AC plugs are not loose.	✓		

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.

To be performed by: General Maintenance Worker

**Additional Notes:**