

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: PA168-01 Date of Visit: 7-24-19

Contractor Personnel on Site:

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

**Work Performed:**

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

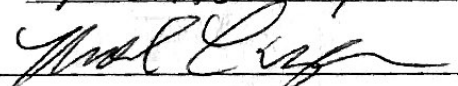
1. 6437AN Security System, 6510AN Motion Sensors
2. WO 9704
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

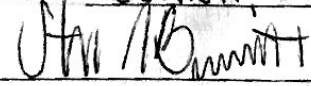
Print Name: MICHAEL JAYLOE Date: 7-24-19

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: Burnett, Stevyn J., SSC Date: 24 JUL 19

Signed: 

E-Mail: stevyn.j.burnett@mail.com



**FORWARD TO YOUR ACCOUNTS PAYABLE DEPARTMENT**

227071

7071	
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1	7	5	8	4	9	4	2
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6	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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3120 Unionville Road - Suite 400  
Cranberry Twp, PA 16066  
P 724-741-3400 F 724-772-2667

1 "PUT CUSTOMER STAMP ON ALL 3 PAGES"

CUSTOMER PURCHASE ORDER					
LABOR - REG.		LABOR - OT		LABOR - DT	
1.0					
TRAVEL - REG.		TRAVEL - OT		TRAVEL - DT	
2.0					
MIN.				INSP. MONTH	
PHONE				MILES	

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

TIME	ARRIVAL		
	0	8	15
	DEPART		
	0	9	10

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

Customer signature \_\_\_\_\_

Date \_\_\_\_\_

## PAYMENT TERMS

☐ Time and Material☐ Price Not to Exceed \$

BALANCE DUE \$

IMMEDIATE ☐

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

SCOPE OF WORK / PROBLEM CODE

SR # 44678640 INSPECTION

WORK PERFORMED / RESOLUTION CODE

TESTED ALL ASSET DEVICES  
ASSET# 6437, 6510  
LID# 9704

[illegible][illegible]

CONTACT NAME

TOTALS

SYSTEM TYPE/LOCATION

IMPORTANT NOTICE TO CUSTOMER

Customer acknowledges and agrees to the terms and conditions on the reverse side of this Service Request, 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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Service Request Form

**CUSTOMER ACCEPTANCE**

See (Customer Acceptance)

(Print Name)

JOHNSON CONTROLS FIRE PROTECTION LP

(Johnson Controls Representative)

(Print Name) MI

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Service Request Form

SG0793 2/18

DISTRICT COPY

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **SECURITY SYSTEM**

SITE AND BLDG #: **PA168-01**

MECHANIC

SIGNATURE: *Mark Cas*DATE: 7-24-19LOCATION/RM #: L08 WO# 9704 ASSET # 6437  
6510START TIME: 0815FINISH TIME: 0910

0510

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.	✓		
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.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Test the control panels for communications to the monitoring center, sirens, tampers, cameras, and strobe lights.	✓		1- Keypad 1- Panel 6-PIR 1- Siren 1- Contact 1-Duress
2	Inspect and test the operation of all detection devices	✓		
3	Check power supplies	✓		no troubles.
4	Verify that no compromise to devices has occurred (compromise of devices could be from building alterations, partitions, furniture or other obstacles)	✓		
5	Test the batteries on remotes and wireless sensors inspection of all visible wiring and conduits		✓	no key to access panel

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: