

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: PA209-01 Date of Visit: 7-25-19

Contractor Personnel on Site:

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

Work Performed:

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

1. 6438AN Security System, 6508AN Motion Sensors
2. WO 9695
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: MICHAEL TAYLOR Date: 7-25-19

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: RICHARD ELLIOTT, GS-09 Date: 25 JULY 2019

Signed: 

E-Mail: RICHARD.E.ELLIOTT49.CIV@MAIL.MIL

2071

6758494✓

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

"PUT CUSTOMER STAMP ON ALL 3 PAGES"

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

T I M E	ARRIVAL	09 30
	DEPART	10 40

Customer signature

Date _____

SCOPE OF WORK / PROBLEM CODE SR # 44678638 INSPECTION

WORK PERFORMED / RESOLUTION CODE TESTED ALL ASSET DEVICES

ASSET # 6438, 6508

WO # 9695

[illegible]

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.**

(Customer Acceptance)

(Print Name)

(Johnson Controls Representative)

(Print Name)

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Service Request Form

DISTRICT COPY

SG0793 2 18

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **SECURITY SYSTEM (ARMS ROOM ONLY)**

SITE AND BLDG #: PA 209-01MECHANIC
SIGNATURE: *[Signature]*DATE: 7.25.19LOCATION/RM #: 143 WO# 9695 ASSET # 6438START TIME: 0930FINISH TIME: 1040

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	Review manufacturer's instructions. SEE End User Handbook (Separate Attachment) for all DSC Panels	✓		
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.	✓		
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.	✓		1- Keypad 1- Siren 5- PIR 1- DUCSS. Monitoring and Siren checked on 7/13/19 - NO ACCESS TO Ft. McCoy AT time of test
2	Inspect and test the operation of all detection devices	✓		
3	Check power supplies	✓		
4	Verify that no compromise to devices has occurred (compromise of devices could be from building alterations, partitions, furniture or other obstacles)	✓		
5	Load test batteries and if needed recommend for replacement.		✓	Batteries Replaced 8/18

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: