

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE002 Date of Visit: 07/27/18

Contractor Personnel on Site:

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

Work Performed:

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

- | | |
|---------------------------------------|-------------------------------|
| 1. <u>Annual PM checks</u> | <u>WO 4240 Asset 1140 and</u> |
| 2. <u>Changed vault combo</u> | <u>WO 4226 Asset 4226</u> |
| 3. <u>trouble shoot motion sensor</u> | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Erica Spates Date: 07/27/18

Signed: N/A ON INVOICE

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: N/A Date: 07/27

Signed: N/A ON INVOICE

E-Mail: N/A

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

VAULT DOOR

SITE AND BLDG #:

DE002

MECHANIC
SIGNATURE:X *Dave*

DATE:

LOCATION/RM #:

WO# 4227

ASSET # 1028

START TIME:

FINISH TIME:

| 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. | ✓ | | |
| 2 | Review manufacturer's instructions. | ✓ | | |
| 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 | Check alignment of dial ring with lock case; correct if necessary. | ✓ | | |
| 2 | Check mounting screws of dial ring and lock case; tighten them, using a thread locking compound. | ✓ | | |
| 3 | Look for corrosion or presence of any foreign matter that will in any manner affect the lock's proper operation. | ✓ | | |
| 4 | Look for any signs of malfunctioning or impending failure. | ✓ | | |
| 5 | Look for any signs of tampering, forced, or covert entry; report this to the local Security and Law Enforcement Office. | ✓ | | |
| 6 | Check Alignment of door with frame | ✓ | | |
| 7 | Check for difficulty in opening, closing or locking the door. | ✓ | | |
| 8 | Replace all defective hardware | ✓ | | |

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 locksmith with expertise in GSA locks 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. Coordination AND approval from the Facility Coordinator or Physical Security Officer or PIN Custodian for combination change.

Additional Notes: