

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Contractor Personnel on Site:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Work Performed:**

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST SECURITY SYSTEM

SITE AND BLDG #: **VA099-01** **2379**

MECHANIC

SIGNATURE: *St. H. R. H. L.*

DATE: **02-24-22**

LOCATION/RM #: **WO# 15905** **ASSET #**

START TIME: **0900**

FINISH TIME: **1630**

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                                                                                                                                           | TASK COMPLETE |    | NOTES/ ACTIONS<br>(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.                                                                | ✓             |    |                                                                         |
| 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                                          | Test the batteries on remotes and wireless sensors<br>inspection of all visible wiring and conduits                                                                              | ✓             |    |                                                                         |

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:**