

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 4/12/22

Contractor Personnel on Site:

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

Work Performed:

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

1. WO#'S , 16730 , 16731 , 16816 , 16656 , 16732 , 16733 , 16734 ,
2. 16773 , 16804 ,
3. ASSET#'S , 9217 , 9247 , 9254 , 9252 , 9253 , 190917-, 131 , 141 ,
4. 144
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 4/12/22

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: RON VOGT Date: 4/12/22

Signed: RV AFOS

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

VAULT DOOR

SITE AND BLDG #: NY013 BLDG1

MECHANIC SIGNATURE:  **DATE:** 4/12/22

LOCATION/RM #: BLDG2 **WO#** 16804 **ASSET #** 190917-141,144

START TIME: 11am **FINISH TIME:** 11:15 am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.		<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check alignment of dial ring with lock case; correct if necessary.		<input checked="" type="checkbox"/>	
2	Check mounting screws of dial ring and lock case; tighten them, using a thread locking compound.		<input checked="" type="checkbox"/>	
3	Look for corrosion or presence of any foreign matter that will in any manner affect the lock's proper operation.		<input checked="" type="checkbox"/>	
4	Look for any signs of malfunctioning or impending failure.		<input checked="" type="checkbox"/>	
5	Look for any signs of tampering, forced, or covert entry; report this to the local Security and Law Enforcement Office.		<input checked="" type="checkbox"/>	
6	Check Alignment of door with frame		<input checked="" type="checkbox"/>	
7	Check for difficulty in opening, closing or locking the door.		<input checked="" type="checkbox"/>	
8	Replace all defective hardware		<input checked="" type="checkbox"/>	

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:

There is no vault or ids system in building 2