

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 4/19/23

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 , 21589 , 21590 , 21591 , 21626 , 21627 ,
2. 21653 , 21696 , 21697 , 21707 , 21732 , 21592 , 21655,
3. ASSET#'S , 9899 , 9900 , 9901 , 9932 , 9935 , 9945 ,
4. IL-31 , IL-32 , IL-33 , 190917-, 252,272,269
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Patrick Brown Date: 4/19/23

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: MIKE SHIFFLETT Date: 4/19/23

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST VAULT DOOR

SITE AND BLDG #: NY039 BLDG1










MECHANIC
SIGNATURE: 

DATE: 4/19/23

LOCATION/RM #: BLDG1 WO# 21697 ASSET # 190917-272

START TIME: 9:30am

FINISH TIME: 10am

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | |
|------------------------------------|---|---------------|--|
| | | 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. | |  |
| TO BE PERFORMED AT EACH INSPECTION | | | |
| 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 description 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:

this vault is no longer in use the lock has been drilled out
and vault door is open