

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD002 Date of Visit: 1/13/20

Contractor Personnel on Site:

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

**Work Performed:**

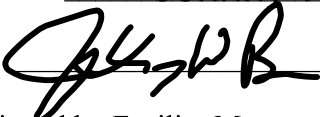
**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S 11481MO, 11495SA, 11540PMS, 11496SA, 11541PMS, 11497SA, 11498SA,
2. 11499SA, 11500SA, 11534PMS
3. LIGHTING, GATES, OVERHEAD DOORS, KEYCARD READER, CIRCULATING
4. PUMP, AIRPHONE
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 1/13/20

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: SSG Claudia Voorhies Date: 1/13/20

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DOOR KEYPAD / CARD READER**

**SITE AND BLDG #:** MD002-07

**MECHANIC  
SIGNATURE:**



**DATE:** 1/13/20

**LOCATION/RM #:**                      **WO#** 11534                      **ASSET #** MD02-320  
**AIRPHONE EXT** MD02-321

**START TIME:** 0900

**FINISH TIME:** 1630

| CHECK<br>POINT                             | CHECKPOINT DESCRIPTION  | TASK COMPLETE                       |                          | NOTES/ ACTIONS<br><br>(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"/> | <input type="checkbox"/> |  |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |   |                                     |                          |  |
| 1  | If applicable, test the controls for communications to the monitoring center. Inspect key pad for sticking keys and LED lights proper operation .   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 2  | Check power supplies.Clean keys and pad with a quick dry electrical cleaner .Wipe unit down   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 3  | Inspect and test the operation of device.-Observe unit in use by customer   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 4  | Ensure proper protection of all visible wiring and conduits   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 5  | Verify that no compromise to devices has occurred (compromise of devices could be from building alterations, partitions, furniture or other obstacles) Any deficiencies found open a CM work order in Maximo and quote will be provided for CM repairs .Notate in note Column | <input checked="" type="checkbox"/> | <input type="checkbox"/> | this doesn't work . it hasn't worked since construction turned over the building |

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:**