

## CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: VA048 Date of Visit: 2/28/20

Contractor Personnel on Site:

1. <u>RICHARD WALKER</u>	3. _____
2. _____	4. _____

### Work Performed:

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

1. WO'S 11602FQ, 11630AN, 11664QT, 11631AN 11642MO
2. FILTERS, GATE SECURITY, GARTE, ICE MAKEK, SUMP PUMP, INTERCOM
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Walker Date: 2/28/20

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: \_\_\_\_\_ Date: 2/28/20

Signed: GRENIER.SCOTT.ANTHONY.1  
007219551  Digitally signed by  
GRENIER.SCOTT.ANTHONY.1007219551  
Date: 2020.03.04 10:42:47 -05'00'

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

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

SITE AND BLDG #: **VA048-01**LOCATION/RM #: *Main / OMC*  
**Access** WO# **11630** ASSET # **1400**MECHANIC  
SIGNATURE:*Ronald Ales*DATE: **2.28.20**

START TIME:

*3pm*FINISH TIME: *4pm*

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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"/>		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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"/>		
2	Check power supplies.Clean keys and pad with a quick dry electrical cleaner .Wipe unit down	<input checked="" type="checkbox"/>		
3	Inspect and test the operation of device.-Observe unit in use by customer	<input checked="" type="checkbox"/>		
4	Ensure proper protection of all visible wiring and conduits	<input checked="" 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"/>		

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.

To be performed by: General Maintenance Worker

