

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 2/11/21

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, 11486 , 11507 , 11513-11515 , 11542 ,
  2. 11559 , 11560 , 11588-11591 , 11785 , 11786 ,
  3. 11845 , 11858 , 11871 , 11872 , 11787
  4. ASSET#'S, 10043-10045 , 10051-10053 ,
  5. 10066-10069 , 10063 , 10079 , 190917-294 ,  
279-284 , 299 , 295 , 296 , 286 , 301
- 

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/11/21

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: SFC PATRIC HANLON Date: 2/11/21

Signed: 

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

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

**SITE AND BLDG #:** NY051 BLDG2

**MECHANIC  
SIGNATURE** 

**DATE:** 2/11/21

**LOCATION/RM #:** BLDG2 **WO#** 11787 **ASSET #** 10079

**START TIME:** 3pm

**FINISH TIME:** 3:30pm

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                                                                                                                                                                                                                                        | TASK COMPLETE                       |                          | NOTES/ ACTIONS<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"/> | no sticking Keys lights function properly                               |
| 2                                          | Check power supplies.Clean keys and pad with a quick dry electrical cleaner .Wipe unit down                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | power supplies are good, keypad's clean                                 |
| 3                                          | Inspect and test the operation of device.-Observe unit in use by customer                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | keypads function properly                                               |
| 4                                          | Ensure proper protection of all visible wiring and conduits                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no visible wiring or conduit                                            |
| 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"/> | no compromise or deficiencies found                                     |

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:**