

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 2/10/21

Contractor Personnel on Site:

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

Work Performed:

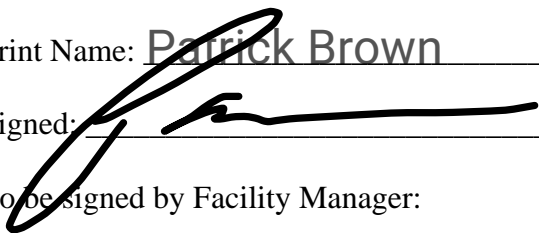
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S, 11541, 11582, 11583, 11773-11780,
2. 11841, 11844, 11857, 11869, 11870, 11506,
3. ASSET#'S, 9902, 9932, 9935, 9898, 9929, 9933,
4. 9934, 9930, 9940, 9941, 9946, 9947,
5. 190917-269,250,251,263,268,243,244,271,273

CERTIFICATION OF WORK

To be signed by the Contractor:

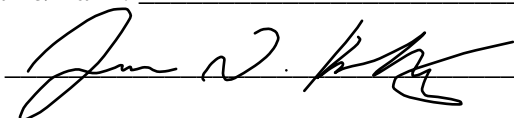
Print Name: Patrick Brown Date: 2/10/21

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: SSGT JAMES KELLEY Date: 2/10/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

DOOR KEYPAD / CARD READER

SITE AND BLDG #: NY039 BLDG1

MECHANIC
SIGNATURE: 

DATE: 2/10/21

LOCATION/RM #: REAR ENTRANCE WO# 11870 ASSET # 190917-271

START TIME: 11:30am

FINISH TIME: 11:45am

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"/>	<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 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:

there's only one keypad on this building