

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 4/19/21

Contractor Personnel on Site:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**Work Performed:**

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

1. WO#'S, 12382 - 12386 , 12488 , 12298 , 12437 , 12473  
2. ASSET#'S, 190917- , 131 , 141 , 144 , 9217 , 9247 , 9254 ,  
3. 9252 , 9253 ,  
4. \_\_\_\_\_  
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

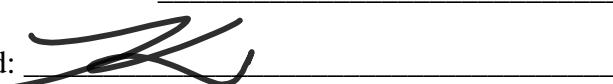
Print Name: Patrick Brown Date: 4/19/21

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 KEVIN STEWART Date: 4/19/21

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**VAULT DOOR**

**SITE AND BLDG #:** **NY013 BLDG1**

**MECHANIC  
SIGNATURE:**



**DATE:** **4/19/20**

**LOCATION/RM #:** **vault**    **WO#** **12383**    **ASSET #** **190917-  
12473                    141, 144**

**START TIME:** **1pm**

**FINISH TIME:** **2pm**

<b>CHECK POINT</b>	<b>CHECKPOINT DESCRIPTION</b>	<b>9247</b>	<b>TASK COMPLETE</b>		<b>NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</b>
			<b>YES</b>	<b>NO</b>	
<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.		✓		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>					
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:**