

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 4/21/21

Contractor Personnel on Site:

1. PATRICK BROWN 3. _____
2. _____ 4. _____

Work Performed:

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

1. WO#'S, 12413 - 12416 , 12469 , 12470 , 12476 , 12477 ,
2. 12490 ,
3. ASSET#'S, 9899 - 9901 , 9932 , 9935 , 9945 , 190917- , 252 ,
4. 272 , 269
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: SGT STORMS Date: 4/21/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
VAULT DOOR

SITE AND BLDG #: **NY039 BLDG1**LOCATION/RM #: **WO# 12477 ASSET # 190917-272**MECHANIC
SIGNATURE: *Endy Dymon* DATE: **4/20/21**START TIME: **1:30pm** FINISH TIME: **2:30pm**

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"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check alignment of dial ring with lock case; correct if necessary.		<input checked="" type="checkbox"/>	
2	Check mounting screws of dial ring and lock case; tighten them, using a thread locking compound.		<input checked="" type="checkbox"/>	
3	Look for corrosion or presence of any foreign matter that will in any manner affect the lock's proper operation.		<input checked="" type="checkbox"/>	
4	Look for any signs of malfunctioning or impending failure.		<input checked="" type="checkbox"/>	
5	Look for any signs of tampering, forced, or covert entry; report this to the local Security and Law Enforcement Office.		<input checked="" type="checkbox"/>	
6	Check Alignment of door with frame		<input checked="" type="checkbox"/>	
7	Check for difficulty in opening, closing or locking the door.		<input checked="" type="checkbox"/>	
8	Replace all defective hardware		<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.

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: we are unable to gain access to the vault at this time nobody has the combination