

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 4/16/21

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, 12294 , 12304 -12309 , 12428 , 12446 , 12447 , 12478 ,
2. 12491 , 12497 , 12498
3. PM#'S, 10054 , 10047-10050 , 10072 , 10072 , 10066 , 10069 ,
4. 190917-, 287 , 294 , 299 , 277 , 302
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 4/16/21

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 ERIC ABBOTT Date: 4/16/21

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### VAULT DOOR

SITE AND BLDG #: NY051 BLDG1

MECHANIC  
SIGNATURE:

 DATE: 4/20/21

LOCATION/RM #: 138

WO# 12309

ASSET # 10072

START TIME: 12pm

FINISH TIME: 1pm

12478

190917-287

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	Check alignment of dial ring with lock case; correct if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Check mounting screws of dial ring and lock case; tighten them, using a thread locking compound.	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	
4	Look for any signs of malfunctioning or impending failure.	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	
6	Check Alignment of door with frame	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Check for difficulty in opening, closing or locking the door.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Replace all defective hardware	<input checked="" type="checkbox"/>	<input 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 discription 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:**