

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 4/19/21

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, 12343, 12452, 12479, 12480, 12492, 12500, 12344, 12345,
2. 12346, 12481, 12501, 12502
3. ASSET#'S, 10563, 10612, 10626, 10627, 10629, 190917-, 435, 436,
4. 437, 453, 450, 421, 456, 454, 461
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: Ammie Mearero Date: 4/19/21

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**CCTV CAMERA/SECURITY MONITOR**

SITE AND BLDG #: NY067 BLDG1

MECHANIC  
SIGNATURE: 




DATE: 4/19/21

LOCATION/RM #: BLDG1 WO# 12479 ASSET # 190917-435

START TIME: 8am

FINISH TIME: 9am

190917-436

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<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	For the system's camera and housing, verify the following: - Camera/lens focus is adjusted properly. - Camera field of view is adjusted to customer's requirements. - Camera lens is dust free. - Interior of camera enclosure is clean and dry. - Check operation of pan tilt and zoom focus. Use controller in control room to check all these operations.			all are good
2	For the system's wiring and cables, verify the following: - Check wiring and cable harnesses for wear and fray. - Check to make sure cable is dressed properly. - Check connectors and cable entry points for loose wiring. - Check that the coaxial cable is transmitting an adequate video signal to control room. Signal should be free of distortion, tearing, hum-bars, EMI, and rolling. - Make sure all coaxial connectors are insulated from conduit and pull boxes.			cable's and wiring are correct

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
3	For the system's control equipment, verify the following: - Monitors are free from picture burn-in and distortion. - Monitors have proper contrast and brightness. - Check that all control equipment is operational. - Clean all monitor screens, control panels, and keyboards with a diluted cleaning solution. - Check all coaxial connectors on the back panels for loose connections. - Check all power connections to ensure AC plugs are not loose.			

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:**