

**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

### VAULT DOOR

SITE AND BLDG #: **NY067 BLDG1**MECHANIC  
SIGNATURE: *Evin E. Taylor*DATE: **4/19/20**LOCATION/RM #: **vault** WO# **12480** ASSET # **190917-437,453**START TIME: **10:30 am**FINISH TIME: **11:30am**

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:**

**THE LOCK NEEDS TO BE CHANGED TO A LOCK THAT MEETS FFL 2937**  
**Im going to submit a cm request to resolve this issue**