

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 4/29/21

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, 12486, 12487, 12506, 12495, 12507, 12510, 12508
2. ASSET#'S, 190917-, 677, 678, 685, 684, 724, 712, 728, 729
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 4/29/21

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: LARS LUFFMAN Date: 4/29/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

VAULT DOOR

SITE AND BLDG #: NY127 BLDG1

MECHANIC
SIGNATURE:


DATE: 4/20/21

LOCATION/RM #: 116C WO# 12486 ASSET # 190917-
677,678

START TIME: 8:30am

FINISH TIME: 9:30am

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: