

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 Date of Visit: 8/23/21

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, 13999, 14021, 14022, 14050-14053, 14247, 14248,
2. 14314, 14344, 14357, 14370, 14371, 14249
3. ASSET#'S, 10043, 10066, 10069, 10044, 10045, 10067,
4. 10068, 10063, 10079, 190917-, 288, 294, 299, 280-284, 295,
5. 296, 279, 286, 301,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/23/21

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 ALEJANDRO Alcala Date: 8/23/21

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

DOOR KEYPAD / CARD READER

SITE AND BLDG #: NY051 BLDG1

MECHANIC
SIGNATURE 

DATE: 8/23/21

LOCATION/RM #: BLDG1 WO# 14371, ASSET # 10079
14249 190917-301

START TIME: 12:30pm

FINISH TIME: 1pm

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	If applicable, test the controls for communications to the monitoring center. Inspect key pad for sticking keys and LED lights proper operation .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no sticking Keys lights function properly
2	Check power supplies.Clean keys and pad with a quick dry electrical cleaner .Wipe unit down	<input checked="" type="checkbox"/>	<input type="checkbox"/>	power supplies are good keypad clean
3	Inspect and test the operation of device.-Observe unit in use by customer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	keypads function properly
4	Ensure proper protection of all visible wiring and conduits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no visible wiring or conduit
5	Verify that no compromise to devices has occurred (compromise of devices could be from building alterations, partitions, furniture or other obstacles) Any deficiencies found open a CM work order in Maximo and quote will be provided for CM repairs .Notate in note Column	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no compromise or deficiencies found

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: