

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 8/3/21

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 , 14010 , 14027 , 14116-14122 , 14261 , 14262 , 14345 ,
 2. 14359 , 14374 , 14375 , 14123-14125 , 14360 , 14376 , 14126 ,
 3. 14127
 4. ASSET#'S , 10568 , 10612-10614 , 10559 , 10560 , 10566-10568 ,
 5. 10608 , 10609 , 10636-10638 , 10643 , 10644 , 190917- , 450 ,
430-433 , 446 , 449 , 434 , 447 , 452 , 455 , 458 , 459
-

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/3/21

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: 8/3/21

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOOR KEYPAD / CARD READER

SITE AND BLDG #: NY067 BLDG1

**MECHANIC
SIGNATURE** 

DATE: 8/3/21

LOCATION/RM #: BLDG1 **WO#** 14375 **ASSET #** 190917-452

START TIME: 1:30pm

FINISH TIME: 2pm

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: