

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 1-3-19

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. 1716AN,1717AN,1718AN,1719AN,1720AN,1721AN,1722AN,1723AN
2. 1724AN,1725AN,1726AN,1727AN,1728AN, 1859MO
3. 1915SA,1916SA,1917SA,1918SA,1919SA,1920SA,1921SA
4. Various Kitchen Equipment, Parking Lighting, Overhead Doors, Key Card
5. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1-3-19

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: Doug Rushlo Date: 1/29/19

Signed: \_\_\_\_\_

E-Mail: douglas.rushlo.ctny@mail.mil

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **DOOR KEYPAD / CARD READER**

**SITE AND BLDG #:** NY067 - Bldg 2  
**LOCATION/RM #:** Outside, right side of main Man Door **WO#** 1919 **ASSET #** 10640

**MECHANIC SIGNATURE:** [Signature] **DATE:** 1-3-19  
**START TIME:** 11 am **FINISH TIME:** 11:30 am

| CHECK POINT                                | CHECKPOINT DESCRIPTION  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|---|---------------|----|---|
|  |   | YES           | NO |   |
| SPECIAL INSTRUCTIONS                       |   |               |    |   |
| 1  | In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.  | ✓             |    |   |
| 2  | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.   | ✓             |    |   |
| 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 .   | ✓             |    | No sticking keys<br>Led's lit properly                                  |
| 2  | Check power supplies.Clean keys and pad with a quick dry electrical cleaner .Wipe unit down   | ✓             |    |   |
| 3  | Inspect and test the operation of device.-Observe unit in use   | ✓             |    | it operated correctly   |
| 4  | Ensure proper protection of all visible wiring and conduits   | ✓             |    |   |
| 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 | ✓             |    | No compromises 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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**