

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY113 Date of Visit: 2/10/20

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>PATRICK BROWN</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

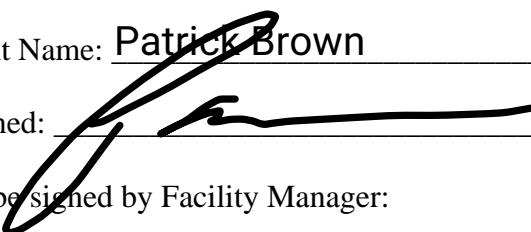
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S 6944PFA,7282PMM,7298PMQ,7314-7315 PMS,6945PFA,
 2. 7286PMM, 7299PMQ, 7316-7317 PMS
 3. FILTERS, GATES, EXPANSION TANKS, BYPASS FEEDER, WATER HEATERS, STORAGE
 4. TANKS, EXIT SIGNS, CIRCU PUMPS, VAVs, BLDG AUTOSYSTEM, KEYPAD,
 5. AIR COMPRESSOR, OUTSIDE LIGHTING,
-

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/10/20

Signed: 

To be signed by Facility Manager:

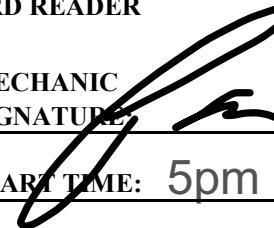
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SGT James Alsimer Date: 2/10/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOOR KEYPAD / CARD READER

SITE AND BLDG #: **NY113-02**MECHANIC
SIGNATURE DATE: **2/10/20**

LOCATION/RM #:

WO# 7317ASSET # **190917-587**START TIME: **5pm**FINISH TIME: **5:15pm**

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"/>		
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"/>		LEDs function properly
2	Check power supplies.Clean keys and pad with a quick dry electrical cleaner .Wipe unit down	<input checked="" type="checkbox"/>		no keys
3	Inspect and test the operation of device.-Observe unit in use by customer	<input checked="" type="checkbox"/>		unit does not lead cards correctly
4	Ensure proper protection of all visible wiring and conduits	<input checked="" type="checkbox"/>		no visible wiring or 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	<input checked="" type="checkbox"/>		no compromise 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: **there is a ticket already opened for repairs of these unit's**