

CERTIFICATION OF WORK

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

FACID/Building: P-053-01, 02 Date of Visit: 5/13/19

Contractor Personnel on Site:

1. Scott WERRY
2. GARY BEITZEL
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. 6820, 6899, 7346, 5042, 3412
2. _____
3. W01# 8635, 8785, 8074
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry Date: 5/13/19
Signed: [Signature]

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: Civ Anita Moore Date: 20190513

Signed: [Signature]

E-Mail:

OTHER RECURRING SERVICES CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: PA053-01

Date of Visit: 5/13/19

Contractor Personnel on Site:

1. Scott Werry
2. GARY Beitzel
3. _____

4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 7438 was 8578
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry
Signed: Scott Werry

Date: 5/13/19

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: Cir Anita Moore

Date: 20190513

Signed: Anita Moore

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST ICE MAKER

SITE AND BLDG #:

PA53-01

LOCATION/RM #:

Kitchen

WO#

8635

ASSET #

6820

MECHANIC

SIGNATURE:

Harry Burtz

DATE:

5/13/19

START TIME:

9:30

FINISH TIME:

10:00

ITEM NO.	CHECKPOINT DESCRIPTION	PASS/COMPLIANT		SPECIAL INSTRUCTIONS	REMARKS/CONDITIONS (IF PASS, COMPLETE; IF CHECKED, PROVIDE EXPLANATION)
		YES	NO		
1	Review manufacturer's instructions.				
2	De-energize, lock out, and tag electrical circuits.				
3	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.				
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.				
5	Only approved cleaning chemicals shall be used.				
TO BE PERFORMED AT EACH INSPECTION SERVICE					
1	Check with operating or area personnel for any deficiencies, verify cleaning program.				
2	Visually check for refrigerant, oil and water leaks.				
3	Inspect ice condition/size.				
4	As needed, drain and clean unit with proper ice machine cleaning solution.				
5	Check date on water filter. Replace as needed. Water filters should be changed annually at a minimum.				
6	Check and tighten any loose screw-type electrical connections.				
7	Check all controls; adjust if necessary.				
8	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.				
9	Check and clear ice machine draining system (drain vent, strainer, trap).				
10	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.				
11	Clean motor, compressor, and condenser coil.				

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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: PA053-01

MECHANIC

SIGNATURE: Gary Butz

DATE: 5/13/19

LOCATION/RM #: Kitchen WO# 8635

ASSET # 6899

START TIME: 10:00

FINISH TIME: 10:30

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
1	Review manufacturer's instructions.		/	
2	De-energize, lock out, and tag electrical circuits.		/	
3	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.		/	
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.		/	
5	Closely follow all safety procedures described in the Safety Data Sheet (SDS) for the refrigerant and to all labels on		/	
1	Check with operating or area personnel for any deficiencies; verify cleaning program.		/	
2	Verify indicator light on; check compartment temperature.		/	
3	Examine evaporator for proper clearances/slope and air flow.		/	
4	Examine handles, hinges and tightness of door closure.		/	
5	Examine safety door release and fan shut down safety switch.		/	
6	Inspect lighting for burnt out lamps.		/	
7	Check starter panels and controls for proper operation, burned or loose contacts, and loose connections.		/	
8	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).		/	
9	Clean condenser coil and condensing unit section.		/	
10	Clean and inspect defrost evaporation trays/pans.		/	

K00-048CMI Management Inc.

- 1 Inspect defrost systems for proper operation, including timer; adjust as required. Have automatic defrosters adjusted as required so freezer will defrost during "Off Peak" hours
- 12 Check operation of thermostats; calibrated as required.
- 13 Check coil superheat and adjust to manufacturers recommendations.
- 14 Inspect and service all electric motors.
- 15 Inspect door gaskets for damage and proper fit; adjust gaskets as required and lubricate hinges with food grade oil.
- 16 Check door gasket heater.
- 17 Check box floor for water or ice accumulation.
- 18 Check box for excessive ice build-up and open seams.

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For 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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST TIME CLOCK, LIGHTING

SITE AND BLDG #: PA053-01

LOCATION/RM #: Boiler Room

WO# 8635

ASSET # 2346

MECHANIC
SIGNATURE: *[Signature]*

DATE: 5/13/19

START TIME: 9:45

FINISH TIME: 10:00

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
	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.		✓	
1	Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.	✓		
2	Check physical connections.	✓		
3	Verify the timeclock configuration, ensure proper operation.	✓		
4	If applicable, check battery and replace as needed.	✓		

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For 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: