

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE007 Date of Visit: 02/17/22

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. _____
2. _____
3. _____
4. _____
5. _____

72

45

CERTIFICATION OF WORK

To be signed by the Contractor:

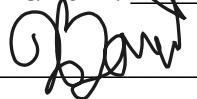
Print Name: Johnny W Brown Date: 02/17/22

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:  Danielle Barrett Date: 02/17/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

ICE MAKER

 MECHANIC
SIGNATURE:



DATE: 02/17/22

SITE AND BLDG #: DE007 B-4

LOCATION/RM #:

WO# 16388

ASSET #

QY4- 221,226

START TIME:

0900

FINISH TIME:

1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	De-energize, lock out, and tag electrical circuits.	/		
2	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	Clean air filter	/		
5	As needed, drain and clean unit with proper ice machine cleaning solution. Drain and cleen at a minimum of annually.	/		
6	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.	/		
7	Check and tighten any loose screw-type electrical connections.	/		
8	Check all controls; adjust if necessary.	/		
9	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	/		
10	Check and clear ice machine draining system (drain vent, strainer, trap).	/		
11	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	/		
12	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: