

**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:

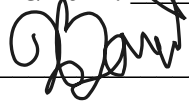
Print Name: Johnny W Brown Date: 02/17/22

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** **REACH-IN REFRIGERATORS/ FREEZERS**

SITE AND BLDG #: DE007-04

MECHANIC  
SIGNATURE: 

DATE: 02/10/22

LOCATION/RM #: WO# 16389 ASSET # OY4-222, 223

START TIME: 0900

FINISH TIME: 1630

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                                                                                | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------|----|-------------------------------------------------------------------------|
|                                            |                                                                                                                       | YES           | NO |                                                                         |
| SPECIAL INSTRUCTIONS                       |                                                                                                                       |               |    |                                                                         |
| 1                                          | De-energize, lock out, and tag electrical circuits.                                                                   |               |    |                                                                         |
| 2                                          | If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.        |               |    |                                                                         |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |                                                                                                                       |               |    |                                                                         |
| 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. Replace if required.                                                            |               |    |                                                                         |
| 7                                          | Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s). |               |    |                                                                         |
| 8                                          | Clean condenser coil and condensing unit section.                                                                     |               |    |                                                                         |
| 9                                          | Clean and inspect defrost evaporation trays/pans.                                                                     |               |    |                                                                         |
| 10                                         | Check operation of thermostats; calibrated as required.                                                               |               |    |                                                                         |
| 11                                         | Check coil superheat and adjust to manufacturers recommendations.                                                     |               |    |                                                                         |
| 12                                         | Inspect and service all electric motors.                                                                              |               |    |                                                                         |
| 13                                         | Check box floor for water or ice accumulation.                                                                        |               |    |                                                                         |
| 14                                         | Clean up area and note any deficiencies.                                                                              |               |    |                                                                         |

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:**