

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 2/10/22

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. <u>WO#'S , 15915 , 15941-15943 , 15981 , 15993 , 16075-16081 ,</u>        |
| 2. <u>16197 , 16198 , 16242 , 16262 , 16275 , 16276 , 15944 , 15966 ,</u>    |
| 3. <u>16082-16084 , 16236 , 16277 , 16085 , 16086</u>                        |
| 4. <u>ASSET#'S , 10568 , 10564 , 10565 , 10569 , 10612 , 10559 , 10560 ,</u> |
| 5. <u>10566-10568 , 10613 , 10614 , 10608 , 10609 , 10628 , 10629 ,</u>      |
| <u>10636-10638 , 10643 , 10644 , 190917-, 450 , 430-433 , 446 , 449 ,</u>    |
| <u><del>434 , 447 , 452 , 455 , 458 , 459 ,</del>-----</u>                   |

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/10/22

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: AMMIE MEARERO Date: 2/10/22

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

E-Mail: \_\_\_\_\_

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### ICE MAKER

SITE AND BLDG #: NY067 BLDG1

MECHANIC

SIGNATURE: 

DATE: 2/9/22

LOCATION/RM #: kitchen WO# 15915, 15981, ASSET # 10568

START TIME: 7am

FINISH TIME: 8am

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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Only approved cleaning chemicals shall be used.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no deficiencies noted
2	Visually check for refrigerant, oil and water leaks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no leaks found
3	Inspect ice condition/size.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ice size and condition are good
4	Clean air filter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	air filter is clean
5	As needed, drain and clean unit with proper ice machine cleaning solution. Drain and cleen at a mininum of annually.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	unit has been properly cleaned
6	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no water filter present
7	Check and tighten any loose screw-type electrical connections.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all screws are tight
8	Check all controls; adjust if necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	controls are good
9	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	valves and doors are good
10	Check and clear ice machine draining system (drain vent, strainer, trap).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	drain vent and strainer are clear
11	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	doors hinges and gaskets are good
12	Clean motor, compressor, and condenser coil.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are clean

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:**