

**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. PATRICK BROWN      3. \_\_\_\_\_  
2. \_\_\_\_\_      4. \_\_\_\_\_

**Work Performed:**

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

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

**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

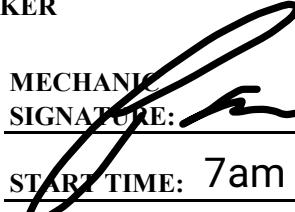
Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**ICE MAKER**

SITE AND BLDG #: **NY067 BLDG1**

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

**MECHANIC  
SIGNATURE:** 

**DATE:** **2/9/22****START TIME:** **7am****FINISH TIME:** **8am**

<b>CHECK POINT</b>	<b>CHECKPOINT DESCRIPTION</b>	<b>TASK COMPLETE</b>		<b>NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</b>
		<b>YES</b>	<b>NO</b>	
<b>SPECIAL INSTRUCTIONS</b>				
1	De-energize, lock out, and tag electrical circuits.	✓	/	
2	Only approved cleaning chemicals shall be used.	✓	/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	✓	/	no deficiencies noted
2	Visually check for refrigerant, oil and water leaks.	✓	/	no leaks found
3	Inspect ice condition/size.	✓	/	ice size and condition are good
4	Clean air filter	✓	/	air filter is clean
5	As needed, drain and clean unit with proper ice machine cleaning solution. Drain and clean at a minimum of annually.	✓	/	unit has been properly cleaned
6	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.	✓	/	no water filter present
7	Check and tighten any loose screw-type electrical connections.	✓	/	all screws are tight
8	Check all controls; adjust if necessary.	✓	/	controls are good
9	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	✓	/	valves and doors are good
10	Check and clear ice machine draining system (drain vent, strainer, trap).	✓	/	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.	✓	/	doors hinges and gaskets are good
12	Clean motor, compressor, and condenser coil.	✓	/	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:**