

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 8/22/22

Contractor Personnel on Site:

1. Patrick Brown 3. _____
2. _____ 4. _____

Work Performed:

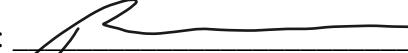
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 18294 , 18307 , 18389-18395 , 18511 , 18512 ,
2. 18584 , 18596 , 18609 , 18610 , 18666 , 18396-18398 , 18597 ,
3. 18611 , 18667 , 18399 , 18400 , 18668
4. ASSET#'S , 10568 , 10612 , 10559 , 10560 , 10566-10568 ,
5. 10613 , 10614 , 10608 , 10609 , 10636-10638 , 10643 , 10644 ,
IL-55-57 , 190917-, 450 , 430-434 , 446 , 449 , 447 , 452 , 455 ,
458 , 459

CERTIFICATION OF WORK

To be signed by the Contractor:

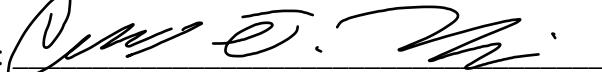
Print Name: Patrick Brown Date: 8/22/22

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: CONNERY ZALESKI Date: 8/22/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ICE MAKER

SITE AND BLDG #: **NY067 BLDG1**

LOCATION/RM #: kitchen **WO#** 18294, **ASSET #** 10568
18393

MECHANIC
SIGNATURE: DATE: **8/22/22**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.	✓		
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 clean 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: