

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 11/3/22

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. WO#'S , 19506 , 19427 , 19440 , 19586-19592 , 19695 , 19707 ,
2. 19719 , 19507 , 19593-19595 , 19720 , 19508 , 19596 , 19597
3. ASSET#'S , 10612 , 10559 , 10560 , 10566-10568 , 10613 ,
4. 10614 , 10551 , 10636-10638 , 10643 , 10644 , IL-, 55,56,57 ,
5. 190917-, 450,430,431,432,433,446,449,455 ,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: PATRICK BROWN Date: 11/3/22

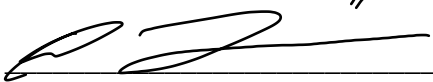
Signed: 

11/3/22

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: T. HOMA, AI SFC Date: 11/3/22


Signed: 

E-Mail: 

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

ICE MAKER

SITE AND BLDG #: NY067 BLDG1
LOCATION/RM #: kitchen **WO#** 19427, **ASSET #** 10568
 19590

MECHANIC SIGNATURE:  **DATE:** 11/3/22
START TIME: 7am **FINISH TIME:** 8:30am

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: