

**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:

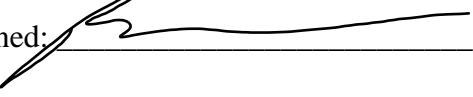
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

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: J Thomas, 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: