

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 5/12/23

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, 21812 , 21830 , 21893 , 21973 , 21974 , 21975 , 21976 , 21977 ,
2. 21978 , 21979 , 22071 , 22085 , 22097 , 21894 , 21980 , 21981 , 21982 ,
3. 22098 , 21895 , 21983 , 21984
4. ASSET#'S , 10568 , 10612 , IL-55 , 10559 , 10560 , 10566 , 10567 , 10568 ,
5. 10613 , 10614 , 10551 , IL-56 , 10636 , 10637 , 10638 , IL-57 , 10643 ,  
10644 , 190917-, 450,430,431,432,433,446,449,455

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

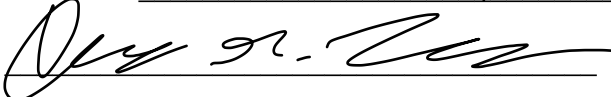
Print Name: Patrick Brown Date: 5/12/23

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: Canary Ziegler Date: 5/12/23

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### ICE MAKER

SITE AND BLDG #: NY067 BLDG1

MECHANIC  
SIGNATURE: 

DATE: 5/12/23

LOCATION/RM #: kitchen WO# 21812, ASSET # 10568,  
21977

START TIME: 7am

FINISH TIME: 8am

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                                                                                                  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(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 cleen 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:**

There is no filter on this ice machine