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. Patrick Brown
2. _____
3. _____
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

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: Camera Zalesky 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, 21977 **ASSET #** 10568,

START TIME: 7am **FINISH TIME:** 8am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE YES	TASK COMPLETE NO	NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
	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 mininmum 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 discription of the deficiency.

To be perfomed by: General Maintenance Worker

Additional Notes: There is no filter on this ice machine