

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 2/17/22

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, 15929 , 16265 ,16279 , 16280 , 15930 , 16243 ,
2. 16266 , 16281
3. ASSET#'S , 190917- , 615 , 616 , 636-640 , 683 , 709 , 724 ,
4. 703 , 707 , 710 , 711 , 714 , 716 , 700 , 708
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/17/22

Signed: 

To be signed by Facility Manager:

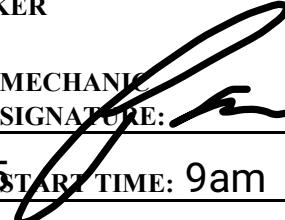
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: LARS LUFFMAN Date: 2/17/22

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**ICE MAKER**

SITE AND BLDG #: **NY127 BLDG1**MECHANIC  
SIGNATURE: DATE: **2/17/22**

**LOCATION/RM #:** **kitchen** **WO#** **15929**, **ASSET #** **190917-645** **16265** **START TIME:** **9am** **FINISH TIME:** **10am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	De-energize, lock out, and tag electrical circuits.	✓	/	
2	Only approved cleaning chemicals shall be used.	✓	/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	✓	/	no deficiencies noted
2	Visually check for refrigerant, oil and water leaks.	✓	/	no leaks found
3	Inspect ice condition/size.	✓	/	ice size and condition are good
4	Clean air filter	✓	/	air filter is clean
5	As needed, drain and clean unit with proper ice machine cleaning solution. Drain and clean at a minimum of annually.	✓	/	unit has been properly cleaned
6	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.	✓	/	no water filter present
7	Check and tighten any loose screw-type electrical connections.	✓	/	all screws are tight
8	Check all controls; adjust if necessary.	✓	/	controls are good
9	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	✓	/	valves and doors are good
10	Check and clear ice machine draining system (drain vent, strainer, trap).	✓	/	drain vent and strainer are clear
11	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	✓	/	doors hinges and gaskets are good
12	Clean motor, compressor, and condenser coil.	✓	/	all are clean

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:**