

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 5/5/23

Contractor Personnel on Site:

1. Patrick Brown 3. _____
2. _____ 4. _____

Work Performed:

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

1. WO#'S, 21900 , 22100 , 22105 , 21901 , 22086 , 22101 ,
2. 22106 , 21902 , 22107 ,
3. ASSET#'S , IL-65 , IL-66 , IL-67 , 190917- ,
4. 603,622,623,624,625,626,627,642,645,651,652,659,660,6
5. 86,682,724,703,707,710,711,714,716,727,731

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: LARS LUFFMAN Date: 5/5/23

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ICE MAKER

SITE AND BLDG #: NY127 BLDG1 **MECHANIC SIGNATURE:** 
LOCATION/RM #: kitchen **WO#** 22100 **ASSET #** 190917-645 **DATE:** 5/5/23
START TIME: 9:30am **FINISH TIME:** 10:30am

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: