

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ICE MAKER

SITE AND BLDG #:NY023-200

MECHANIC
SIGNATURE: *Deen Rose*

DATE: *5/10/21*

LOCATION/RM #: *Kitchen*

START TIME: *8 Am*

FINISH TIME: *11 Am*

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
NY023-200	12560	9446	FQ-9446	Hoshizaki	KML250MAH	C01599H	J-23 1-pc Ice Maker, Hotel/Motel Machine with Storage Bin	
NY023-200	12752	9446	PM-QT-9446	Hoshizaki	KML250MAH	C01599H	J-23 1-pc Ice Maker, Hotel/Motel Machine with Storage Bin	
NY023-200	12820	190917-184	PMQ190917193	hoshizaki	km-1515mah	fo5445d	1-pc Ice Maker	

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Review manufacturer's instructions.	✓	/	
2	De-energize, lock out, and tag electrical circuits.	✓	/	
3	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	✓	/	
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	✓	/	

5	Only approved cleaning chemicals shall be used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Visually check for refrigerant, oil, and water leaks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Inspect ice condition/size.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	As needed, drain and clean unit with proper ice machine cleaning solution.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Check date on water filter, replace as needed. Water filters should be changed annually at a minimum.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Check and tighten any loose screw-type electrical connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Check all controls; adjust if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Check and clear ice machine draining system (drain vent, strainer, trap).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Clean motor, compressor, and condenser coil.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:**

