

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ICE MAKER

SITE AND BLDG #: NY023-200

**MECHANIC
SIGNATURE:** *D. Gen. Rose*

DATE: 11/10/21

LOCATION/RM #: Kitchen

START TIME: 8:00am

FINISH TIME: 11:00am

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|-------|------------|--------------|--------------|--------------|----------|---|----------------|
| NY023-200 | 14957 | 9446 | FQ-9446 | Hoshizaki | KML250MAH | C01599H | J-23 1-pc Ice Maker, Hotel/Motel Machine with Storage Bin | |
| NY023-200 | 15113 | 9446 | PM-QT-9446 | Hoshizaki | KML250MAH | C01599H | J-23 1-pc Ice Maker, Hotel/Motel Machine with Storage Bin | |
| NY023-200 | 15173 | 190917-184 | PMQ190917193 | hoshizaki | km-1515mah | f05445d | 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 | If materials containing refrigerants are discarded, comply with EPA regulations as applicable. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Only approved cleaning chemicals shall be used. | <input checked="" 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"/> | |
| 2 | Visually check for refrigerant, oil, and water leaks. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Inspect ice condition/size. | <input checked="" 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"/> | |
| 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"/> | |
| 6 | Check and tighten any loose screw-type electrical connections. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 | Check all controls; adjust if necessary. | <input checked="" 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"/> | |
| 9 | Check and clear ice machine draining system (drain vent, strainer, trap). | <input checked="" 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"/> | |
| 11 | Clean motor, compressor, and condenser coil. | <input checked="" 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:**

* Replace water supply line for Asset # 9446 because previous set-up was leaking.

