

**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	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.	<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.

