

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ICE MAKER

SITE AND BLDG #: **NY052N01**

MECHANIC
SIGNATURE: James R Groft Jr

DATE: 08/20/2025

LOCATION/RM #: **WO# 19682** **ASSET #6811**

START TIME: _____

FINISH TIME: _____

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.		X	
2	Only approved cleaning chemicals shall be used.		X	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.		X	No ice maker was found on the site
2	Visually check for refrigerant, oil and water leaks.		X	
3	Inspect ice condition/size.		X	
4	Clean air filter		X	
5	As needed, drain and clean unit with proper ice machine cleaning solution. Drain and clean at a minimum of annually.		X	
6	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.		X	
7	Check and tighten any loose screw-type electrical connections.		X	
8	Check all controls; adjust if necessary.		X	
9	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.		X	
10	Check and clear ice machine draining system (drain vent, strainer, trap).		X	
11	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.		X	
12	Clean motor, compressor, and condenser coil.		X	

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: