

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
MISCELLANEOUS KITCHEN EQUIPMENT

ACTIVITY AND BLDG #: NY058-104

LOCATION: Kitchen Building 104

MECHANIC
SIGNATURE: *Deen Rowe*

DATE: 1/15/20

START TIME: 10am

FINISH TIME: 11am

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
NY058-104	6530	10288		Alto Shaam	1200-UP	1506204-000	J-24 1-pc Food Warmer, Cabinet, Mobile, Electric	
NY058-104	6531	10289					J-24 2-pc SS Serving Tables	
NY058-104	6532	10290		Hobart	6460-T	27-147-759	J-24 1-pc Potato Peeler	
NY058-104	6533	10291		Hobart	A200	31-1305-403	J-24 1-pc Food Mixer	
NY058-104	6535	10294		Cecilware	SSB5	C033280	J-24 1-pc Coffee Maker (3 Pot Brewer)	
NY058-104	6538	10297		Frigidaire			J-24 1-pc Microwave, Electric	

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)	
		YES	NO	SPECIAL INSTRUCTIONS	
1 Notify cafeteria operator and get permission prior to performing all maintenance.					
1	Notify cafeteria operator and get permission prior to performing all maintenance.	✓			

2	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Review manufacturer's instructions.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	De-energize, lock out, and tag electrical circuits and fuel service.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operator or manager for any deficiencies, verify cleaning program.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Check all controls, mechanisms for proper operation; adjust as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	If applicable, examine utility supply line, piping, valve packing, specialties, and insulation; look for any leaks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	If applicable, check electric power line condition, switch, disconnect, etc.; or check condition of gas supply, valves, regulators, and inspect pilot, check for Gas leaks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Ensure unit is clean and in working order. Note any deficiencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Note: The Contractor shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence.

Checklist compiled in accordance with:

- Original equipment manufacturers (OEM) documentation for exact or similar assets, which can be located at ([Provide Link to OEM Manual/Asset Library](#))

Additional Notes:



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