

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY013 Date of Visit: 8/23/22

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- |  |
|--|
| 1. <u>WO#'S , 18433-18439 , 18580 , 18586 , 18601 ,</u>        |
| 2. <u>18627 , 18440-18442 , 18628 ,</u>                        |
| 3. <u>ASSET#'S , 9220 , 9222 , 9240 , 9241 , 9243 , 9244 ,</u> |
| 4. <u>9245 , 9261-9263 , IL-12 , IL-13 , 190917-, 131 ,</u>    |
| 5. <u>102 , 103 , 132 , 119 , 124-126</u>                      |

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/23/22

Signed: \_\_\_\_\_

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: MIKE MCCARTHY Date: 8/23/22

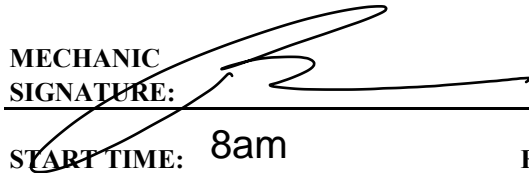
Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: NY013 BLDG1  
 kitchen , assembly hall 18433, 9220,  
 LOCATION/RM #: WO# 18434 ASSET # 9222

MECHANIC  
 SIGNATURE:  DATE: 8/23/22  
 START TIME: 8am FINISH TIME: 8:30am

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.	✓		
2	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	✓		
2	Verify indicator light on; check compartment temperature.	✓		
3	Examine evaporator for proper clearances/slope and air flow.	✓		
4	Examine handles, hinges and tightness of door closure.	✓		
5	Examine safety door release and fan shut down safety switch.	✓		
6	Inspect lighting for burnt out lamps. Replace if required.	✓		
7	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	✓		
8	Clean condenser coil and condensing unit section.	✓		
9	Clean and inspect defrost evaporation trays/pans.	✓		
10	Check operation of thermostats; calibrated as required.	✓		
11	Check coil superheat and adjust to manufacturers recommendations.	✓		
12	Inspect and service all electric motors.	✓		
13	Check box floor for water or ice accumulation.	✓		
14	Clean up area and note any deficiencies.	✓		

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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**