

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 2/10/22

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. WO#'S , 15915 , 15941-15943 , 15981 , 15993 , 16075-16081 ,
 2. 16197 , 16198 , 16242 , 16262 , 16275 , 16276 , 15944 , 15966 ,
 3. 16082-16084 , 16236 , 16277 , 16085 , 16086
 4. ASSET#'S , 10568 , 10564 , 10565 , 10569 , 10612 , 10559 , 10560 ,
 5. 10566-10568 , 10613 , 10614 , 10608 , 10609 , 10628 , 10629 ,
- 10636-10638 , 10643 , 10644 , 190917-, 450 , 430-433 , 446 , 449 ,
~~434 , 447 , 452 , 455 , 458 , 459 ,~~-----

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/10/22

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:

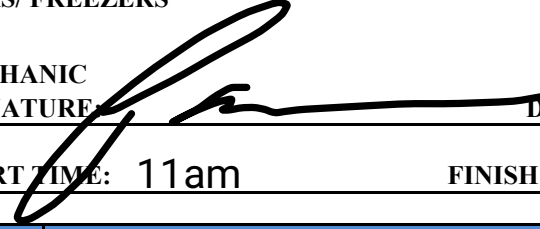
Print Name/Rank: AMMIE MEARERO Date: 2/10/22

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: NY067 BLDG1

MECHANIC
SIGNATURE: 

DATE: 2/10/22

LOCATION/RM #: kitchen WO# 16077, ASSET # 10566
16078 10567

START TIME: 11am

FINISH TIME: 11:30am

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.	☒	☐	no deficiencies noted
2	Verify indicator light on; check compartment temperature.	☒	☐	compartment temperature is correct
3	Examine evaporator for proper clearances/slope and air flow.	☒	☐	evaporator slope is good
4	Examine handles, hinges and tightness of door closure.	☒	☐	handles and hinges are good
5	Examine safety door release and fan shut down safety switch.	☒	☐	switches function properly
6	Inspect lighting for burnt out lamps. Replace if required.	☒	☐	no burnt out lamps
7	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	☒	☐	evaporator coil drain and pan are good
8	Clean condenser coil and condensing unit section.	☒	☐	condensing coil is clean
9	Clean and inspect defrost evaporation trays/pans.	☒	☐	trays are clean
10	Check operation of thermostats; calibrated as required.	☒	☐	thermostat functions properly
11	Check coil superheat and adjust to manufacturers recommendations.	☒	☐	superheat is correct
12	Inspect and service all electric motors.	☒	☐	electrical motors are good.
13	Check box floor for water or ice accumulation.	☒	☐	no water or ice accumulation
14	Clean up area and note any deficiencies.	☒	☐	no deficiencies noted

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: