

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 5/12/23

Contractor Personnel on Site:

1. Patrick Brown 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**Work Performed:**

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

1. WO#'S, 21812 , 21830 , 21893 , 21973 , 21974 , 21975 , 21976 , 21977 ,
2. 21978 , 21979 , 22071 , 22085 , 22097 , 21894 , 21980 , 21981 , 21982 ,
3. 22098 , 21895 , 21983 , 21984
4. ASSET#'S , 10568 , 10612 , IL-55 , 10559 , 10560 , 10566 , 10567 , 10568 ,
5. 10613 , 10614 , 10551 , IL-56 , 10636 , 10637 , 10638 , IL-57 , 10643 ,  
10644 , 190917-, 450,430,431,432,433,446,449,455

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

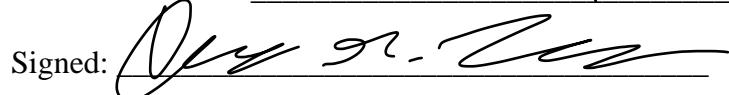
Print Name: Patrick Brown Date: 5/12/23

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: Conner Ziegler Date: 5/12/23

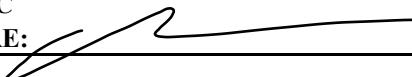
Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**REACH-IN REFRIGERATORS/ FREEZERS**

SITE AND BLDG #: **NY067 BLDG1**

**LOCATION/RM #:** kitchen    **WO#** **21975**,    **ASSET #** **10566**,  
**21976**    **10567**

**MECHANIC  
SIGNATURE:**     **DATE:** **5/12/23**

**START TIME:** **9:30am**    **FINISH TIME:** **10am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.	✓		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**