

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### ICE MAKER

SITE AND BLDG #: VA006

MECHANIC  
SIGNATURE: 

DATE: 07-18-22

LOCATION/RM #: WO#18402 ASSET # 1573

START TIME: 0900

FINISH TIME: 1630

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                                                                                                  | TASK COMPLETE                       |                          | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------------------------------------------|
|                                            |                                                                                                                                         | YES                                 | NO                       |                                                                         |
| SPECIAL INSTRUCTIONS                       |                                                                                                                                         |                                     |                          |                                                                         |
| 1                                          | De-energize, lock out, and tag electrical circuits.                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                         |
| 2                                          | Only approved cleaning chemicals shall be used.                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                         |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |                                                                                                                                         |                                     |                          |                                                                         |
| 1                                          | Check with operating or area personnel for any deficiencies; verify cleaning program.                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                         |
| 2                                          | Visually check for refrigerant, oil and water leaks.                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                         |
| 3                                          | Inspect ice condition/size.                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                         |
| 4                                          | Clean air filter                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                         |
| 5                                          | As needed, drain and clean unit with proper ice machine cleaning solution. Drain and cleen at a minimum of annually.                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                         |
| 6                                          | Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                         |
| 7                                          | Check and tighten any loose screw-type electrical connections.                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                         |
| 8                                          | Check all controls; adjust if necessary.                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                         |
| 9                                          | Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                         |
| 10                                         | Check and clear ice machine draining system (drain vent, strainer, trap).                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                         |
| 11                                         | Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                         |
| 12                                         | Clean motor, compressor, and condenser coil.                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                         |

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:**