

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **ICE MAKER**

SITE AND BLDG #: #D38304#

MECHANIC

SIGNATURE:

DATE: 8-27-19

LOCATION/RM #:

START TIME: 8:00

FINISH TIME: 10:00

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
VA050-01	10101	1601					J-1502000-23 1-pc Ice Maker Machine Cube FilterChangeAnnual-Feb	

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Review manufacturer's instructions.	✓		
2	De-energize, lock out, and tag electrical circuits.	✓		
3	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	✓		
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	✓		
5	Only approved cleaning chemicals shall be used.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	✓		
2	Visually check for refrigerant, oil, and water leaks.	✓		
3	Inspect ice condition/size.	✓		
4	As needed, drain and clean unit with proper ice machine cleaning solution.	✓		

5	Check date on water filter, replace as needed. Water filters should be changed annually at a minimum.	✓		
6	Check and tighten any loose screw-type electrical connections.	✓		
7	Check all controls; adjust if necessary.	✓		
8	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	✓		
9	Check and clear ice machine draining system (drain vent, strainer, trap).	✓		
10	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	✓		
11	Clean motor, compressor, and condenser coil.	✓		

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:**



any
ice
Mod
Cube
900 lb
All fl
cubele
Cube
larger
If the ice
damage
may be r
local Hosp

HOSHIZAKI

CLEAN AIR FILTER TWICE A MONTH

