

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: \_\_\_\_\_ Date of Visit: 8/27/19

Contractor Personnel on Site:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Work Performed:**


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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 8/27/19

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


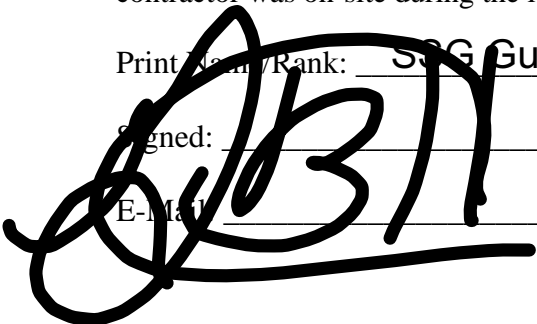
To be signed by Facility Manager:

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: SSG Gustavo Bonilla Date: 8/27/19

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

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



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

MECHANIC  
SIGNATURE:







DATE: 8/27/19

SITE AND BLDG #: DE002-01

LOCATION/RM #: WO# 10034 ASSET # 1474  
1475

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  | Review manufacturer's instructions.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 2  | De-energize, lock out, and tag electrical circuits.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 3  | If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 4  | If materials containing refrigerants are discarded, comply with EPA regulations as applicable.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 5  | Closely follow all safety procedures described in the Safety Data Sheet (SDS) for the refrigerant and to all labels on refrigerant containers.                                    | <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  | Verify indicator light on; check compartment temperature.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 3  | Examine evaporator for proper clearances/slope and air flow.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 4  | Examine handles, hinges and tightness of door closure.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 5  | Examine safety door release and fan shut down safety switch.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 6  | Inspect lighting for burnt out lamps.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 7  | Check starter panels and controls for proper operation, burned or loose contacts, and loose connections.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 8  | Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 9  | Clean condenser coil and condensing unit section.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 10   | Clean and inspect defrost evaporation trays/pans.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 11   | Inspect defrost systems for proper operation, including timer; adjust as required. Have automatic defrosters adjusted as required so freezer will defrost during "Off Peak" hours | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 12   | Check operation of thermostats; calibrated as required.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 13   | Check coil superheat and adjust to manufacturers recommendations.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 14   | Inspect and service all electric motors.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |

| CHECK<br>POINT | CHECKPOINT DESCRIPTION   | TASK COMPLETE  |    | NOTES/ ACTIONS<br><small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small> |
|----------------|--|--|----|--|
|                |  | YES  | NO |  |
| 15             | Inspect door gaskets for damage and proper fit; adjust gaskets as required and lubricate hinges with food grade oil. |  |    |  |
| 16             | Check door gasket heater.  |  |    |  |
| 17             | Check box floor for water or ice accumulation.   |  |    |  |
| 18             | Check box for excessive ice build- up and open seams.  |  |    |  |

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:**

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### ICE MAKER

SITE AND BLDG #: **DE002-01**MECHANIC  
SIGNATURE:

DATE: **8/27/19**LOCATION/RM #:                      WO# **10034**                      ASSET # **1476**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  | 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.   |               |    | unit inoperable   |
| 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.  |               |    |   |

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To be performed by: General Maintenance Worker

**Additional Notes:**

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### UNIT HEATER, HOT WATER

**MECHANIC  
SIGNATURE:**

1900 FINI

**DATE:** 8/27/19

START TIME: 0900

**FINISH TIME:** 1630

**SITE AND BLDG #:** DE002-01

|                |        |     |       |         |      |
|----------------|--------|-----|-------|---------|------|
| LOCATION/RM #: | RM 106 | WO# | 10034 | ASSET # | 1477 |
|                | RM 122 |     |       |         | 1478 |

| CHECK POINT                                | CHECKPOINT DESCRIPTION   | TASK COMPLETE                       |                          | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|--|-------------------------------------|--------------------------|---|
|  |  | YES                                 | NO                       |   |
| SPECIAL INSTRUCTIONS                       |  |                                     |                          |   |
| 1  | In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 2  | Schedule shutdown with operating personnel.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 3  | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |  |                                     |                          |   |
| 1  | Check valve for full stroke operation in both directions, if applicable.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 2  | Check valve for signs of abnormal wear and leaks. Replace packing if needed.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 3  | Clean the coil with vacuum cleaner.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 4  | Comb the fins as needed.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 5  | Clean all fans and motors.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 6  | Check operation of controls and safeties.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 7  | Lubricate as required.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 8  | Check all motors, belts, pulleys, shafts, etc. for alignment.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |

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To be performed by: General Maintenance Worker

**Additional Notes:**