

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

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

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. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

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

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/Room: Danielle Barrett Date: 8/19/19

Signed: 

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

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

MECHANIC  
SIGNATURE:



DATE: 8/19/19

START TIME: 0900

FINISH TIME: 1630

SITE AND BLDG #: DE007-01

LOCATION/RM #: WO# 10077 ASSET # 1480  
1481

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	Closely follow all safety procedures described in the Safety Data Sheet (SDS) for the refrigerant and to all labels on refrigerant containers.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
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.			
7	Check starter panels and controls for proper operation, burned or loose contacts, and loose connections.			
8	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).			
9	Clean condenser coil and condensing unit section.			
10	Clean and inspect defrost evaporation trays/pans.			
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			
12	Check operation of thermostats; calibrated as required.			
13	Check coil superheat and adjust to manufacturers recommendations.			
14	Inspect and service all electric motors.			

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <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**

MECHANIC  
SIGNATURE:



DATE: 8/19/19

START TIME: 0900

FINISH TIME: 1630

SITE AND BLDG #: DE007-01

LOCATION/RM #: WO# 10077 ASSET # 1482  
1483

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.	<input checked="" type="checkbox"/>		
2	De-energize, lock out, and tag electrical circuits.	<input checked="" type="checkbox"/>		
3	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	<input checked="" type="checkbox"/>		
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	<input checked="" type="checkbox"/>		
5	Only approved cleaning chemicals shall be used.	<input checked="" 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"/>		
2	Visually check for refrigerant, oil and water leaks.	<input checked="" type="checkbox"/>		
3	Inspect ice condition/size.	<input checked="" type="checkbox"/>		
4	As needed, drain and clean unit with proper ice machine cleaning solution.	<input checked="" type="checkbox"/>		
5	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.	<input checked="" type="checkbox"/>		
6	Check and tighten any loose screw-type electrical connections.	<input checked="" type="checkbox"/>		
7	Check all controls; adjust if necessary.	<input checked="" type="checkbox"/>		
8	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	<input checked="" type="checkbox"/>		
9	Check and clear ice machine draining system (drain vent, strainer, trap).	<input checked="" type="checkbox"/>		
10	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	<input checked="" type="checkbox"/>		
11	Clean motor, compressor, and condenser coil.	<input checked="" 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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **UNIT HEATER, HOT WATER**

SITE AND BLDG #: **DE007-01**MECHANIC  
SIGNATURE: DATE: **8/19/19**LOCATION/RM #: \_\_\_\_\_ WO# **10077** ASSET # **1484**START TIME: **0900**FINISH TIME: **1630**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.			
2	Schedule shutdown with operating personnel.			
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.			
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check valve for full stroke operation in both directions, if applicable.			
2	Check valve for signs of abnormal wear and leaks. Replace packing if needed.			
3	Clean the coil with vacuum cleaner.			
4	Comb the fins as needed.			
5	Clean all fans and motors.			
6	Check operation of controls and safeties.			
7	Lubricate as required.			
8	Check all motors, belts, pulleys, shafts, etc. for alignment.			

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**  
**TIME CLOCK, LIGHTING**

**SITE AND BLDG #:** DE007-01

**MECHANIC  
SIGNATURE:**



**DATE:** 8/19/19

**LOCATION/RM #:**                      **WO#** 10077                      **ASSET #** 1485

**START TIME:** 0900

**FINISH TIME:** 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS  (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.	/		
2	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	/		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.	/		
2	Check physical connections.	/		
3	Verify the timeclock configuration, ensure proper operation.	/		
4	If applicable, check battery and replace as needed.	/		

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:**