

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: _____ Date of Visit: 8/7/19

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:

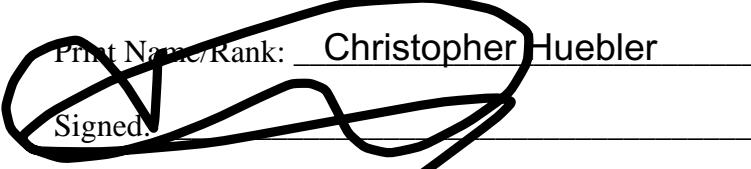
Print Name: Johnny W Brown Date: 8/7/19

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: Christopher Huebler Date: 8/7/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ICE MAKER

SITE AND BLDG #: **MD005-01**MECHANIC
SIGNATURE:DATE: **8/7/19**LOCATION/RM #: **WO# 10083** **ASSET # 1516**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 | 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. | | | Ice machine is inoperable |
| 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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: MD005-01

MECHANIC
SIGNATURE:

DATE: 8/7/19

LOCATION/RM #: **WO# 10083** ASSET # **1517**
1518

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 | Review manufacturer's instructions. | N/A | | |
| 2 | De-energize, lock out, and tag electrical circuits. | N/A | | |
| 3 | If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance. | N/A | | |
| 4 | If materials containing refrigerants are discarded, comply with EPA regulations as applicable. | N/A | | |
| 5 | Closely follow all safety procedures described in the Safety Data Sheet (SDS) for the refrigerant and to all labels on refrigerant containers. | N/A | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Check with operating or area personnel for any deficiencies; verify cleaning program. | N/A | | |
| 2 | Verify indicator light on; check compartment temperature. | N/A | | |
| 3 | Examine evaporator for proper clearances/slope and air flow. | N/A | | |
| 4 | Examine handles, hinges and tightness of door closure. | N/A | | |
| 5 | Examine safety door release and fan shut down safety switch. | N/A | | |
| 6 | Inspect lighting for burnt out lamps. | N/A | | |
| 7 | Check starter panels and controls for proper operation, burned or loose contacts, and loose connections. | N/A | | |
| 8 | Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s). | N/A | | All kitchen equipment has been removed from this site. |
| 9 | Clean condenser coil and condensing unit section. | N/A | | |
| 10 | Clean and inspect defrost evaporation trays/pans. | N/A | | |
| 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 | N/A | | |
| 12 | Check operation of thermostats; calibrated as required. | N/A | | |
| 13 | Check coil superheat and adjust to manufacturers recommendations. | N/A | | |
| 14 | Inspect and service all electric motors. | N/A | | |

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

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To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
UNIT HEATER, HOT WATER

SITE AND BLDG #: **MD005-01**MECHANIC
SIGNATURE: DATE: **8/7/19**LOCATION/RM #: **RM 107** WO# **10083** ASSET # **1519/1520/1521**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 | 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. | / | / | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
SUMP PUMP

SITE AND BLDG #: **MD005-01**MECHANIC
SIGNATURE:DATE: **8/7/19**LOCATION/RM #: **WO# 10083** **ASSET # 1523**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. | / | / | I unclogged drain pipe. |
| 2 | Schedule outage 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. | / | / | |
| 4 | If the material removed from the pump is hazardous, contact the Regional S&EM office for disposal instructions. | / | / | |
| 5 | If strainer cleaning requires removal of pump unit which should be considered a repair and not general maintenance. | / | / | |
| 6 | Excessive sediment and debris, not removed by flushing the pit should be handled on a project basis, and not considered under this standard. | / | / | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Remove cover plates and flush pit. | / | / | |
| 2 | Inspect check valve. | / | / | |
| 3 | Inspect interior of pit for cracks. | / | / | |
| 4 | Inspect cover plate gaskets and replace if necessary. | / | / | |
| 5 | Insure the unit is operating properly, report any deficiencies | / | / | |
| 6 | Clean up work area and remove all debris. | / | / | |

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: