

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: 8/1/19

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: 8/1/19

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: SFC Ryan Willoughby Date: 8/1/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **ICE MAKER**

SITE AND BLDG #: MD019-01

MECHANIC
SIGNATURE


DATE: 8/1/19

LOCATION/RM #: WO# 10086 ASSET # 1539

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.	N/A		
5	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.	N/A		there is no water filter on this machine
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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

MECHANIC SIGNATURE:  DATE: 8/1/19

START TIME: 0900 FINISH TIME: 1630

LOCATION/RM #:	WO# 10086	ASSET # 1540
		1541

START TIME: 0900 **FINISH TIME:** 1630

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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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16	Check door gasket heater.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17	Check box floor for water or ice accumulation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18	Check box for excessive ice build- up and open seams.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
UNIT HEATER, HOT WATER

MECHANIC
SIGNATURE: 

DATE: 8/1/19

START TIME: 0900

FINISH TIME: 1630

SITE AND BLDG #: MD019-01

LOCATION/RM #: RM 150 WO# 10086 ASSET # 1542
1543

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.	/		

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To be performed by: General Maintenance Worker

Additional Notes: