

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: _____ Date of Visit: _____

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: _____ Date: _____

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: _____ Date: _____

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: **PA035-01**MECHANIC
SIGNATURE: DATE: **8-5-19**LOCATION/RM #: **WO# 10399** **ASSET # 6890**START TIME: **6 AM**FINISH TIME: **1 PM**

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

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.	✗		
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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: **THIS UNIT IS A 2SEC NOT THREEE MODEL R49-S SERIAL #R495150094**

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
UNIT HEATER, HOT WATER

SITE AND BLDG #: PA035-01

6951

LOCATION/RM #:	WO# 10399	ASSET #	6952
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6953

MECHANIC
SIGNATURE: 

DATE: 8-5-19

START TIME: 6AM

FINISH TIME: 1PM

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.	<input checked="" type="checkbox"/>		
2	Schedule shutdown with operating personnel.	<input checked="" 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"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check valve for full stroke operation in both directions, if applicable.	<input checked="" type="checkbox"/>		
2	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	<input checked="" type="checkbox"/>		
3	Clean the coil with vacuum cleaner.	<input checked="" type="checkbox"/>		
4	Comb the fins as needed.	<input checked="" type="checkbox"/>		
5	Clean all fans and motors.	<input checked="" type="checkbox"/>		
6	Check operation of controls and safeties.	<input checked="" type="checkbox"/>		
7	Lubricate as required.	<input checked="" type="checkbox"/>		
8	Check all motors, belts, pulleys, shafts, etc. for alignment.	<input checked="" type="checkbox"/>		

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To be performed by: General Maintenance Worker

Additional Notes: