

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY030 Date of Visit: 8/28/19

Contractor Personnel on Site:

| | |
|-------------------------|----------|
| 1. <u>PATRICK BROWN</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. 10295FQ, 10392MO, 10443QT
2. FILTERS, GATES, ICE MAKER, REFRIGERATOR, WATER HEATERS
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

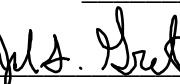
Print Name: Patrick Brown Date: 8/28/19

Signed: 

To be signed by Facility Manager:

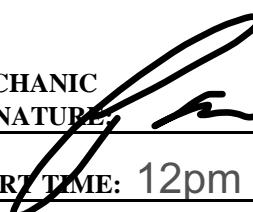
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: John Granata AFOS Date: 8/28/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ICE MAKER

SITE AND BLDG #: **NY030-01**MECHANIC
SIGNATURE: DATE: **8/28/19**LOCATION/RM #: **WO# 10443 ASSET # 6487**START TIME: **12pm**FINISH TIME: **12:15pm**

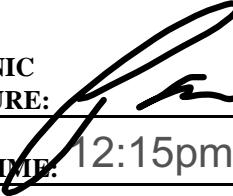
| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---------------|----|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 1 | Review manufacturer's instructions. | | / | |
| 2 | De-energize, lock out, and 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. | | / | |
| 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: **ice maker is out of service**

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: **NY030-01**MECHANIC
SIGNATURE: DATE: **8/28/19**

LOCATION/RM #:

WO# 10443**ASSET # 6887**START TIME: **12:15pm**FINISH TIME: **12:45pm**

| 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. | ✓ | / | no deficiencies noted |
| 2 | Verify indicator light on; check compartment temperature. | ✓ | / | compartment temperature is correct |
| 3 | Examine evaporator for proper clearances/slope and air flow. | ✓ | / | evaporator clearances and slope are good |
| 4 | Examine handles, hinges and tightness of door closure. | ✓ | / | handles and hinges are good |
| 5 | Examine safety door release and fan shut down safety switch. | ✓ | / | switches function properly |
| 6 | Inspect lighting for burnt out lamps. | ✓ | / | no burnt-out lamps |
| 7 | Check starter panels and controls for proper operation, burned or loose contacts, and loose connections. | ✓ | / | controls function properly |
| 8 | Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s). | ✓ | / | evaporator system is good |
| 9 | Clean condenser coil and condensing unit section. | ✓ | / | condensing section is clean |
| 10 | Clean and inspect defrost evaporation trays/pans. | ✓ | / | trays are clean |
| 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 | ✓ | / | defrost system functions properly |
| 12 | Check operation of thermostats; calibrated as required. | ✓ | / | thermostats are correct |
| 13 | Check coil superheat and adjust to manufacturers recommendations. | ✓ | / | superheat is correct |
| 14 | Inspect and service all electric motors. | ✓ | / | all Motors are good |

| 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. | ✓ | | no damage to Door gaskets |
| 16 | Check door gasket heater. | | ✓ | no door gasket heater |
| 17 | Check box floor for water or ice accumulation. | ✓ | | no water or ice |
| 18 | Check box for excessive ice build- up and open seams. | ✓ | | no ice build-up |

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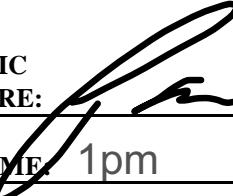
To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: **NY030 BLDG1**

LOCATION/RM #: **WO# 10443 ASSET # 6950**
7062

MECHANIC
 SIGNATURE: 

DATE: **8/28/19**START TIME: **1pm**FINISH TIME: **2pm**

| 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. | ✓ | / | |
| 3 | Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak. | ✓ | / | |
| 4 | Do not allow any open flames around equipment. | ✓ | / | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Attach drain hose. Drain several gallons from tank to remove sediment. | ✓ | / | drained water for several minutes |
| 2 | Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge. | ✓ | / | safety valve functions properly on 69507062 doesn't |
| 3 | Check all connections - electric, gas and water. Tighten as necessary. | ✓ | / | all are tight |
| 4 | Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses. | ✓ | / | aquastat is correct |
| 5 | Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank. | / | ✓ | no expansion tanks |
| 6 | Clean sight glasses on tanks. | / | ✓ | no sight glass |
| 7 | Clean strainer, check condition of traps. Report and repair leaks. | / | ✓ | no strainer |
| 8 | Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required. | ✓ | / | pumps function properly |
| 9 | If applicable, Remove and inspect Anode, replace if necessary | / | ✓ | no anode present |
| 10 | Clean up work area and remove trash. | ✓ | / | |

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: asset# 7062 does not have a functioning relief valve there is already a work order open to have it fixed Per John Granata