

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 11/2/20

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. WO'S 10387FQ, 10404MO, 10493-10499QT, 10624SA, 10637PMM, 10651PMQ
2. 10500-10502QT, 10652Q, 10503-10504QT
3. ICE MAKERS, LIGHTING, WATER PUMP, FREEZER, GATE, ISOLATION VALVES,
4. GLYCOL FEED SYSTEM, CHLLER, EXPAN TANKS, WATRE HEATERS
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 11/2/20

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: AMMIE MEARERO Date: 11/2/20

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### ICE MAKER

SITE AND BLDG #: NY067-01

MECHANIC  
SIGNATURE: 

DATE: 11/2/20

LOCATION/RM #: WO# 10497 ASSET # 10568

START TIME: 7am

FINISH TIME: 11am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS  (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	De-energize, lock out, and tag electrical circuits.	<input checked="" type="checkbox"/>		
2	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"/>		no deficiencies noted
2	Visually check for refrigerant, oil and water leaks.	<input checked="" type="checkbox"/>		no oil or water leaks
3	Inspect ice condition/size.	<input checked="" type="checkbox"/>		ice condition and size are good
4	Clean air filter	<input checked="" type="checkbox"/>		air filter is clean
5	As needed, drain and clean unit with proper ice machine cleaning solution. Drain and clean at a minimum of annually.	<input checked="" type="checkbox"/>		
6	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.	<input checked="" type="checkbox"/>		no water filter present
7	Check and tighten any loose screw-type electrical connections.	<input checked="" type="checkbox"/>		all are tight
8	Check all controls; adjust if necessary.	<input checked="" type="checkbox"/>		controls are good
9	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	<input checked="" type="checkbox"/>		water connection is good but no filter
10	Check and clear ice machine draining system (drain vent, strainer, trap).	<input checked="" type="checkbox"/>		drain is clear
11	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	<input checked="" type="checkbox"/>		all are good
12	Clean motor, compressor, and condenser coil.	<input checked="" type="checkbox"/>		motor compressor and coil are clean

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:**