

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 11/23/20

Contractor Personnel on Site:

1. PATRICK BROWN 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**Work Performed:**

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

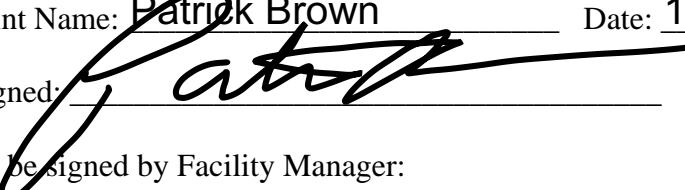
1. WO's 10556-105621QT,10663PMM, 10641PMQ, 10658PMS,10563-10565QT
2. REFRIGEATORS, WATER HEATERS, LIGHTING, EXPANSION TANK,
3. ISOLATION VALVES, DOWNSPOUTS, GUTTERS
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 11/23/20

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: MR McCarthy Date: 11/23/20

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**REACH-IN REFRIGERATORS/ FREEZERS**

SITE AND BLDG #: **NY013-01**MECHANIC  
SIGNATURE: DATE: **11/23/20**

LOCATION/RM #:	WO# <b>10556</b>	ASSET # <b>9220</b>
		10557
		9222

START TIME: **8am**FINISH TIME: **8:30am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	De-energize, lock out, and tag electrical circuits.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no deficiencies noted
2	Verify indicator light on; check compartment temperature.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	compartment temperature is correct
3	Examine evaporator for proper clearances/slope and air flow.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	evaporator is good
4	Examine handles, hinges and tightness of door closure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	hinges and door dark closers are good
5	Examine safety door release and fan shut down safety switch.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	safety switches function properly
6	Inspect lighting for burnt out lamps. Replace if required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no burnt-out lamps
7	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are good and clean
8	Clean condenser coil and condensing unit section.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	condensing unit is clean
9	Clean and inspect defrost evaporation trays/pans.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	evaporator pans are clean
10	Check operation of thermostats; calibrated as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	thermostats are functioning correctly
11	Check coil superheat and adjust to manufacturers recommendations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	superheat is correct
12	Inspect and service all electric motors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Motors are good
13	Check box floor for water or ice accumulation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no ice or water accumulation
14	Clean up area and note any deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no deficiencies noted

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:**