

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: \_\_\_\_\_ Date of Visit: 11/26/19

Contractor Personnel on Site:

1. _____	3. _____
2. _____	4. _____

**Work Performed:**

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

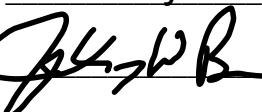
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 11/26/19

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: Danielle Barrett Date: 11/26/19

Signed: 

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

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

SITE AND BLDG #: **DE00-01**MECHANIC  
SIGNATURE: DATE: **11/26/19**

LOCATION/RM #: **WO# 11141**    ASSET # **1480**  
**1481**

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

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.	X		
2	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	X		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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. Replace if required.	X		
7	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	X		
8	Clean condenser coil and condensing unit section.	X		
9	Clean and inspect defrost evaporation trays/pans.	X		
10	Check operation of thermostats; calibrated as required.	X		
11	Check coil superheat and adjust to manufacturers recommendations.	X		
12	Inspect and service all electric motors.	X		
13	Check box floor for water or ice accumulation.	X		
14	Clean up area and note any deficiencies.	X		

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:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**ICE MAKER**

SITE AND BLDG #: **DE00-01**MECHANIC  
SIGNATURE: 

DATE:

11/26/19

LOCATION/RM #:	WO# 11141	ASSET # 1482
		1483

START TIME:	0900	FINISH TIME:	1630
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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.	/	/	
2	Only approved cleaning chemicals shall be used.	/	/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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	Clean air filter	/	/	
5	As needed, drain and clean unit with proper ice machine cleaning solution. Drain and clean at a minimum of annually.	/	/	
6	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.	/	/	
7	Check and tighten any loose screw-type electrical connections.	/	/	
8	Check all controls; adjust if necessary.	/	/	
9	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	/	/	
10	Check and clear ice machine draining system (drain vent, strainer, trap).	/	/	
11	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	/	/	
12	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:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**UNIT HEATER, HOT WATER**

SITE AND BLDG #: **DE00-01**MECHANIC  
SIGNATURE: DATE: **11/26/19**LOCATION/RM #: **WO# 11141 ASSET # 1484**START TIME: **0900** FINISH TIME: **1630**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	Schedule shutdown with operating personnel.	/	/	
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.	/	/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check valve for signs of abnormal wear and leaks. Replace packing if needed.	/	/	
2	Clean the coils	/	/	
3	Comb the fins as needed.	/	/	
4	Clean all fans and motors.	/	/	
5	Check operation of controls and safeties.	/	/	
6	Lubricate as required.	/	/	
7	Check all motors, belts, pulleys, shafts, etc. for alignment.	/	/	

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:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**TIME CLOCK, LIGHTING**

SITE AND BLDG #: **DE00-01**MECHANIC  
SIGNATURE:DATE: **11/26/19**LOCATION/RM #: **WO# 11141** ASSET # **1485**START TIME: **0900** FINISH TIME: **1630**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	✓	✓	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.	✓	✓	
2	Check physical connections. Check wiring connections for tightness	✓	✓	
3	Verify the timeclock configuration, ensure proper operation.	✓	✓	
4	If applicable, check battery and replace as needed.	✓	✓	

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:**