

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: 11/18/19

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. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 11/18/19

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: SSG Richard Gaytan Date: 11/18/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

ICE MAKER

SITE AND BLDG #: **MD024-01**MECHANIC
SIGNATURE: DATE: **11/18/19**LOCATION/RM #: WO# **11152** ASSET # **1559**START TIME: **0900**FINISH TIME: **1630**

| 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"/> | <input type="checkbox"/> | |
| 2 | Only approved cleaning chemicals shall be used. | <input checked="" type="checkbox"/> | <input 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"/> | <input type="checkbox"/> | |
| 2 | Visually check for refrigerant, oil and water leaks. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Inspect ice condition/size. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Clean air filter | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 5 | As needed, drain and clean unit with proper ice machine cleaning solution. Drain and cleen at a minimum of annually. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 | Check and tighten any loose screw-type electrical connections. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 8 | Check all controls; adjust if necessary. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 9 | Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 10 | Check and clear ice machine draining system (drain vent, strainer, trap). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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"/> | <input type="checkbox"/> | |
| 12 | Clean motor, compressor, and condenser coil. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

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

REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: **MD024-01**MECHANIC
SIGNATURE: DATE: **11/18/19**LOCATION/RM #: **WO# 11152** ASSET # **1560**START TIME: **0900**FINISH TIME: **1630****1561**

| 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"/> | <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"/> | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Check with operating or area personnel for any deficiencies; verify cleaning program. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Verify indicator light on; check compartment temperature. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Examine evaporator for proper clearances/slope and air flow. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Examine handles, hinges and tightness of door closure. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Examine safety door release and fan shut down safety switch. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Inspect lighting for burnt out lamps. Replace if required. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 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"/> | |
| 8 | Clean condenser coil and condensing unit section. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 9 | Clean and inspect defrost evaporation trays/pans. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 10 | Check operation of thermostats; calibrated as required. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 11 | Check coil superheat and adjust to manufacturers recommendations. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 12 | Inspect and service all electric motors. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 13 | Check box floor for water or ice accumulation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 14 | Clean up area and note any deficiencies. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - ELECTRIC

SITE AND BLDG #: MD024 B-1003

**MECHANIC
SIGNATURE:**

DATE: 11/18/19

LOCATION/RM #: **WO#** 11152 **ASSET #** 1562

START TIME: 0900

FINISH TIME: 1630

1563

| 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. | | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Attach drain hose. Drain several gallons from tank to remove sediment. | | | |
| 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. | | | |
| 3 | Check all connections - electric and water. Tighten as necessary. Ensure power is disconnected to electric heaters prior to checking connections. | | | |
| 4 | Check operation/ setting of aquastat. Check hot water temperature with dial thermometer, set aquastat at minimum value required for all uses. | | | |
| 5 | Check amperage draw of upper and lower elements and compare to name plate data. | | | |
| 6 | Clean element contacts, and check for proper closing under load. | | | |
| 7 | Clean pump, controls, switches, and starters. Check condition of pump seal or packing, and replace as required. | | | |
| 8 | If applicable, Remove and inspect Anode, replace if necessary | | | |
| 9 | 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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

LIGHTING, OUTSIDE

SITE AND BLDG #: **MD024-01**MECHANIC
SIGNATURE:

DATE: **11/18/19**LOCATION/RM #: WO# **11152** ASSET # **1564**START TIME: **0900**FINISH TIME: **1630**

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|---|---------------|----|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 1 | Schedule and coordinate work 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. | | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Inspect lighting contactor for pitting or arcing - report issues | | | |
| 2 | Inspect visual condition of wiring. Look for evidence of overheating. | | | |
| 3 | Check for proper light operation. | | | |
| 4 | Test operation of automatic switches/ time clock/ photocells if applicable. | | | |
| 5 | Inspect light pole and mounting devices for deficiencies. | | | |
| 6 | For any noted deficiency, takes pictures and open corrective maintenance ticket. | | | |

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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: