

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 11-20-18

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. 1010 MO, 1119 QT, 1120 QT, 1121 QT, 1122 QT, 1123 QT, 1124 QT, 1125 QT, 1126 QT
2. 1127 QT, 1128 QT, 1129 QT, 1130 QT
3. Motor Vehicle Area Light, Chill Water Pump, Hot Water Pump, Freezer, Fridge, Ice Maker
4. Emergency Light, Water Heater, Emergency Light, Emergency Exit Sign
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 11-20-18

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: Douglas Rusho Date: 11/20/18

Signed: _____

E-Mail: douglas.rusho.dug mail, mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **ICE MAKER**

SITE AND BLDG #: NX67 - BLDG #1MECHANIC
SIGNATURE: [Signature]DATE: 11-14-18LOCATION/RM #: Kitchen WO# 1123 ASSET # 10568START TIME: 12:30 PMFINISH TIME: 2:30

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.	N/A		
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	N/A		
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.	✓		No deficiencies noted by Personnel
2	Visually check for refrigerant, oil and water leaks.	✓		No Leaks can be visually seen
3	Inspect ice condition/size.	✓		Ice is in good condition and proper 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.	N/A		there is no Filter on water supply + The supply is connected directly to the Ice Maker
6	Check and tighten any loose screw-type electrical connections.	✓		No loose 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.	✓		there is no Ice Dispensing Valve, Just a Door to the Bin with a Scoop
9	Check and clear ice machine draining system (drain vent, strainer, trap).	✓		Drain is clear
10	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	✓		All were in good shape
11	Clean motor, compressor, and condenser coil.	✓		Cleaned motor compressor and coil and wiped down wires

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: