

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 1/26/21

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 , 11252 - 11255 , 11386 - 11391 , 11431
2. ASSET#'S, 9223 , 9224 , 9228 , 9230 , 9215 , 9246 ,
3. 9248 , 9249 , 190917-131 , 9251 , 9264
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1/26/21

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: 1/26/21

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DISHWASHING MACHINE**

ACTIVITY AND BLDG #: **NY013 BLDG1**LOCATION/RM #: **kitchen 122** WO# **11255** ASSET # **9230**MECHANIC  
SIGNATUREDATE: **1/26/21**START TIME: **8:30am**FINISH TIME: **8:45am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	Notify cafeteria operator and get permission prior to performing all maintenance.	✓	/	
2	De-energize, lock out, and tag electrical circuits and fuel service.	/	✓	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check with operator or manager for any deficiencies, verify cleaning program.	✓	/	
2	Check motor and bearings for excessive noise, vibration, and overheating. Clean motor ventilator openings	✓	/	
3	Check electric insulators, connection and wiring, including inside access panels and junction boxes, and final connections. Tighten loose connections.	✓	/	
4	Test electrical controls, signal lights, timer, and OFF/ON switches. Test timer and switches.	✓	/	
5	Examine all pump suction and discharge connections for leakage, adjust packing nuts as required.	✓	/	
6	Check temperature regulator and adjust or calibrate as required.	✓	/	
7	Check thermostatic control solenoid valve for a minimum of 100° prewash, 140° for wash, and 140° or 180°F for final rinse. (Low temp machines at 140°F.)	✓	/	
8	Check operation of wash and rinse spray mechanism for spray coverage and drainage.	✓	/	
9	Inspect soap and spray solution feeder lines; clean as necessary.	✓	/	
10	Inspect water/steam lines and fittings for leaks; tighten fittings as necessary.	✓	/	
11	Check packing glands on wash, rinse, and drain valves; add or replace packing as required. Tighten nuts, bolts, and screws.	✓	/	
12	Check lubricant in gear case; add manufacturer's recommended oil if required.	✓	/	

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
13	Inspect splash curtain for tears, clearance, and water tightness; adjust if required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14	Check proper operation of solenoid valve and float in fill tank; adjust as required. Check and repair insulation as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15	Check proper operation of micro-switch.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16	Check doors for operations of chains and counterweights, warping, alignment and water tightness.	<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:**

this unit does not function at all and should be replaced