

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 2/9/21

Contractor Personnel on Site:

1. PATRICK BROWN 3. _____
2. _____ 4. _____

Work Performed:

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

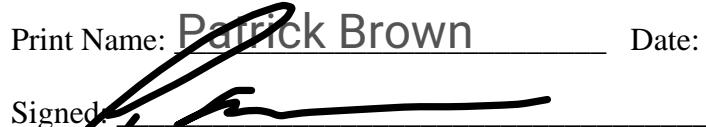
1. WO#'S , 11511 , 11865 , 11883 , 11884 , 11512 ,
2. 11849 , 11866 , 11885
3. PM#'S , 190917- , 615 , 645 , 603 , 622-627 , 642 ,
4. 651 , 652 , 659 , 660 , 686 , 616 , 636-640 , 683 ,
5. 709 , 724 , 703 , 707 , 710 , 711 , 714 , 716 , 700 ,

708

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/9/21

Signed: 

To be signed by Facility Manager:

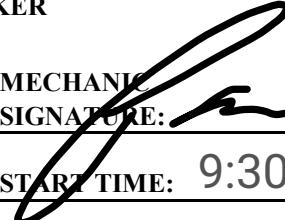
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: LARS LUFFMAN Date: 2/9/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ICE MAKER

SITE AND BLDG #: **NY127 BLDG1**LOCATION/RM #: **assembly hall**WO# **11511**ASSET # **190917-645****11865**MECHANIC
SIGNATURE: DATE: **2/9/21**START TIME: **9:30am**FINISH TIME: **10am**

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.	✓	/	
2	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
2	Visually check for refrigerant, oil and water leaks.	✓	/	no leaks found
3	Inspect ice condition/size.	✓	/	ice size and condition are good
4	Clean air filter	✓	/	air filter is clean
5	As needed, drain and clean unit with proper ice machine cleaning solution. Drain and clean at a minimum of annually.	✓	/	unit has been properly cleaned
6	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.	✓	/	no water filter present
7	Check and tighten any loose screw-type electrical connections.	✓	/	all screws are tight
8	Check all controls; adjust if necessary.	✓	/	controls are good
9	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	✓	/	valves and doors are good
10	Check and clear ice machine draining system (drain vent, strainer, trap).	✓	/	drain vent and strainer are clear
11	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	✓	/	doors hinges and gaskets are good
12	Clean motor, compressor, and condenser coil.	✓	/	all are clean

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
VAV BOX

SITE AND BLDG #: **NY127 BLDG1**

MECHANIC
 SIGNATURE: 
 DATE: **2/9/21**

LOCATION/RM #: **BLDG1** WO# **11511** ASSET # **190917-615** **11883** START TIME: **8:30am** FINISH TIME: **9:30am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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.	✓		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	If EMS system permits, check that the operating controls activate damper per design specifications.-	✓		Record CFM AIR FLOW <u>300</u>
2	If required, check damper linkage for tightness and lightly lubricate.	✓		no dampers
3	If required, inspect dampers for free movement.	✓		no actuators
4	If required, inspect actuators for tightness to mounting brackets.	✓		electrical connections are tight
5	As needed, tighten electrical connections to servo motor.	✓		no need of repairs
6	Inspect unit for overall condition and recommend for replacement or other needed repairs.	✓		

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: HVAC Technician

Additional Notes: