

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 2/22/21

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 , 11497 , 11523 - 11526 , 11549 , 11565 , 11654 -
2. 11665 , 11799 , 11800 , 11846 , 11860 , 11875 , 11876 ,
3. 11861 , 11877
4. ASSET#'S , 190917- , 430-434 , 446 , 447 , 452 , 455 , 458 ,
5. 459 , 10564-10569 , 10612-10614 , 10559 , 10560 ,  
10608 , 10609 , 10628 , 10636-10638 , 10643 , 10644

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/22/21

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: SSG WILLIAM MONTES Date: 2/22/21

Signed: 

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

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

**SITE AND BLDG #:** NY067 BLDG1

**LOCATION/RM #:** kitchen   **WO#** 11656   **ASSET #** 10566  
11657   10567

**MECHANIC  
SIGNATURE:**

**DATE:** 2/22/21

**START TIME:** 11:30am

**FINISH TIME:** 12pm

<b>CHECK POINT</b>	<b>CHECKPOINT DESCRIPTION</b>	<b>TASK COMPLETE</b>		<b>NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</b>
		<b>YES</b>	<b>NO</b>	
<b>SPECIAL INSTRUCTIONS</b>				
1	De-energize, lock out, and tag electrical circuits.	✓		
2	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	✓		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	✓		no deficiencies noted
2	Verify indicator light on; check compartment temperature.	✓		compartment temperature is correct
3	Examine evaporator for proper clearances/slope and air flow.	✓		evaporator slope is good
4	Examine handles, hinges and tightness of door closure.	✓		handles and hinges are good
5	Examine safety door release and fan shut down safety switch.	✓		switches function properly
6	Inspect lighting for burnt out lamps. Replace if required.	✓		no burnt out lamps
7	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	✓		evaporator coil drain and pan are good
8	Clean condenser coil and condensing unit section.	✓		condensing coil is clean
9	Clean and inspect defrost evaporation trays/pans.	✓		trays are clean
10	Check operation of thermostats; calibrated as required.	✓		thermostat functions properly
11	Check coil superheat and adjust to manufacturers recommendations.	✓		superheat is correct
12	Inspect and service all electric motors.	✓		electrical motors are good
13	Check box floor for water or ice accumulation.	✓		no water or ice accumulation
14	Clean up area and note any deficiencies.	✓		no deficiencies noted

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:**