

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD002 Date of Visit: 2/13/20 & 2/27/20

Contractor Personnel on Site:

1. <u>John Brown</u>	3. _____
2. _____	4. _____

**Work Performed:**

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

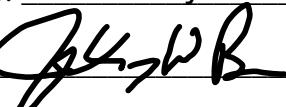
1. WO'S 11589FQ, 11638MO, 11651QT, 11671SA, 11701Q, 11652QT,
2. 11590FQ, 11653QT, 11591FQ, 11685PMF, 11697
3. FILTERS, LIGHTING, KITCHEN EQUIP, WATER HEATERS, VAV, SUMP PUMP
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

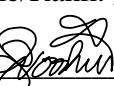
Print Name: Johnny W Brown Date: 3/27/20

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 Claudia Voorhies Date: 3/27/30

Signed: 

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

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

SITE AND BLDG #: **MD002-01**

<b>LOCATION/RM #:</b>	<b>WO#</b>	<b>ASSET #</b>	<b>1495</b>
	11651	1496	
	11701	190918-157	

**MECHANIC  
SIGNATURE**


DATE:

2/13/20

**START TIME:** 0900      **FINISH TIME:** 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<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.	/	/	asset #1496 is inop waiting on approval for parts replacement
2	Verify indicator light on; check compartment temperature.	/	/	
3	Examine evaporator for proper clearances/slope and air flow.	/	/	
4	Examine handles, hinges and tightness of door closure.	/	/	
5	Examine safety door release and fan shut down safety switch.	/	/	
6	Inspect lighting for burnt out lamps. Replace if required.	/	/	
7	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	/	/	
8	Clean condenser coil and condensing unit section.	/	/	
9	Clean and inspect defrost evaporation trays/pans.	/	/	
10	Check operation of thermostats; calibrated as required.	/	/	
11	Check coil superheat and adjust to manufacturers recommendations.	/	/	
12	Inspect and service all electric motors.	/	/	
13	Check box floor for water or ice accumulation.	/	/	
14	Clean up area and note any deficiencies.	/	/	

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:**