

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 5/11/21

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 , 12729 - 12738 , 12808 , 12816 , 12833
2. ASSET#'S, 9220 , 9222 , 9240 - 9245 , 9261 - 9263 ,
3. 190917- , 131 , 132 , 102 , 103 , 127 , 128
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/11/21

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: CANDI HUTCHINS Date: 5/11/21

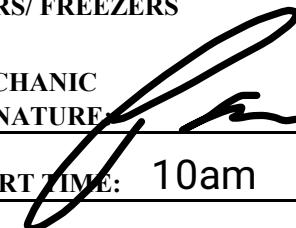
Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: NY013 BLDG1

LOCATION/RM #: kitchen WO# 12729 ASSET # 9220
 12730 9222

MECHANIC
SIGNATURE: 

DATE: 5/11/21

START TIME: 10am

FINISH TIME: 10:30am

| 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 | If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance. | ✓ | / | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 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: