

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE007 Date of Visit: 11/20/20

Contractor Personnel on Site:

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

**Work Performed:**

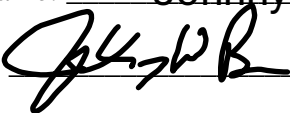
**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S12935FQ,12977MO,12990QT,13013SA,13060PMF,13084Q,13099PMS
2. 12936FQ,12978MO,12991QT,13014SA
3. FILTERS, LIGHTING,KITCHEN EQUIP,HEATERS, AIR HANDLERS, VFD,
4. CONDENSING UNITS, CHILLER, DEHUMIDIFIER, ERV'S, MAKE UP UNIT
5. HEAT PUMPS

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

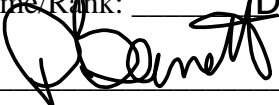
Print Name: Johnny W Brown Date: 11/20/20

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: Danielle Barrett Date: 11/20/20

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### REACH-IN REFRIGERATORS/ FREEZERS

 MECHANIC  
SIGNATURE:



DATE: 11/20/20

START TIME: 0900

FINISH TIME: 1630

SITE AND BLDG #: DE00-01

LOCATION/RM #: WO# 12990 ASSET # 1480

1481

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.	<input checked="" type="checkbox"/>		
2	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	<input checked="" type="checkbox"/>		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>		
2	Verify indicator light on; check compartment temperature.	<input checked="" type="checkbox"/>		
3	Examine evaporator for proper clearances/slope and air flow.	<input checked="" type="checkbox"/>		
4	Examine handles, hinges and tightness of door closure.	<input checked="" type="checkbox"/>		
5	Examine safety door release and fan shut down safety switch.	<input checked="" type="checkbox"/>		
6	Inspect lighting for burnt out lamps. Replace if required.	<input checked="" type="checkbox"/>		
7	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	<input checked="" type="checkbox"/>		
8	Clean condenser coil and condensing unit section.	<input checked="" type="checkbox"/>		
9	Clean and inspect defrost evaporation trays/pans.	<input checked="" type="checkbox"/>		
10	Check operation of thermostats; calibrated as required.	<input checked="" type="checkbox"/>		
11	Check coil superheat and adjust to manufacturers recommendations.	<input checked="" type="checkbox"/>		
12	Inspect and service all electric motors.	<input checked="" type="checkbox"/>		
13	Check box floor for water or ice accumulation.	<input checked="" type="checkbox"/>		
14	Clean up area and note any deficiencies.	<input checked="" 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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### ICE MAKER

SITE AND BLDG #: **DE00-01**MECHANIC  
SIGNATURE: DATE: **11/20/20**LOCATION/RM #: **WO# 12990** ASSET # **1482**  
**1483**START TIME: **0900** FINISH TIME: **1630**

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Only approved cleaning chemicals shall be used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Visually check for refrigerant, oil and water leaks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Inspect ice condition/size.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Clean air filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	As needed, drain and clean unit with proper ice machine cleaning solution. Drain and cleen at a minimum of annually.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Check and tighten any loose screw-type electrical connections.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Check all controls; adjust if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	Check and clear ice machine draining system (drain vent, strainer, trap).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	Clean motor, compressor, and condenser coil.	<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:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DOMESTIC HOT WATER HEATER - GAS**

**SITE AND BLDG #:** DE007  
**LOCATION/RM #:** 12990 **ASSET #** 1484  
**WO#** 1992 **ASSET #** 1486

**MECHANIC SIGNATURE:**  **DATE:** \_\_\_\_\_  
**START TIME:** 0900 **FINISH TIME:** 1630

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.			
2	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.			
3	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.			
4	Do not allow any open flames around equipment.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Attach drain hose. Drain several gallons from tank to remove sediment.			
2	Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge.			
3	Check all connections - electric, gas and water. Tighten as necessary.			
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses.			
5	Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.			
6	Clean sight glasses on tanks.			
7	Clean strainer, check condition of traps. Report and repair leaks.			
8	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.			
9	If applicable, Remove and inspect Anode, replace if necessary			
10	Clean up work area and remove trash.			

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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **TIME CLOCK, LIGHTING**

**SITE AND BLDG #:** DE00-01









**MECHANIC  
SIGNATURE** 

**DATE:** 11/20/20

**LOCATION/RM #:**                      **WO#** 12990 **ASSET #** 1485

**START TIME:** 0900

**FINISH TIME:** 1630

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	Clean timeclock using a soft lint-free cloth and spray bottle of glass cleaner. Remove any dirt or grease build up.			electrical issues causing breakers to trip. under investigation
2	Check physical connections.Check wiring connections for tightness			
3	Verify the timeclock configuration, ensure proper operation.			
4	If applicable, check battery and replace as needed.			

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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**