

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD003 Date of Visit: 11/17/20

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 12940FQ,12995QT,13019SA,13086Q,13101S,13087Q
2. FILTERS,KITCHEN EQUIP,SUMP PUMP, AIR HANDLERS, CONDENSING UNITS
3. LIGHTING
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: John Brown Date: 11/17/20

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: SGT Nicholas Cruz Date: 11/17/20

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### ICE MAKER

 MECHANIC  
SIGNATURE:



DATE: 11/17/20

START TIME: 0900

FINISH TIME: 1630

SITE AND BLDG #: MD003-01

LOCATION/RM #: WO# 12995 ASSET # 1511

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 mininum 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

### REACH-IN REFRIGERATORS/ FREEZERS

MECHANIC  
SIGNATURE:


DATE: 11/17/20

START TIME: 0900

FINISH TIME: 1630

SITE AND BLDG #: MD003-01

LOCATION/RM #: WO# 12995 ASSET # 1512

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.			
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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** TANKS, WATER STORAGE

SITE AND BLDG #: ~~DE001~~ 1 MD003 B-1MECHANIC  
SIGNATURE: 

DATE: 11/17/20

LOCATION/RM #: 108 WO# ~~12997~~ 12995 ASSET # ~~1470~~ 1503

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	Examine exterior of tank including fittings, manholes, and handholes for leaks, signs of corrosion, and correct as indicated.			
2	Inspect structural supports and repair or replace damaged insulation or covering. If insulation contains asbestos and is damaged or eroded, it is considered a hazardous waste.			
3	Clean, test and inspect sight glasses, valves, fittings, drains, and controls.			
4	Clean up work site.			

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

### SUMP PUMP

SITE AND BLDG #: **MD003-01**MECHANIC  
SIGNATURE

DATE: **11/17/20**LOCATION/RM #: **RM 108** WO# **12995** ASSET # **1514**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.			
2	Excessive sediment and debris, not removed by flushing the pit should be handled on a project basis, and not considered under this standard.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Remove cover plates and flush pit.			
2	Inspect check valve.			
3	Inspect interior of pit for cracks.			
4	Inspect cover plate is in place			
5	Insuure the unit is operating properly, report any deficiencies			
6	Clean up work area and remove all debris.			

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:**