

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD024 Date of Visit: 02/11/21

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. <u>PM MAINTENANCE</u>	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 02/11/21

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: CW5 Mark Smith Date: 02/11/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ICE MAKER

SITE AND BLDG #: MD024 B-1
LOCATION/RM #: WO# 13532 **ASSET #** 1559

**MECHANIC
SIGNATURE:**

DATE: 02/11/21

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

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
LIGHTING, OUTSIDE

SITE AND BLDG #: MD024 B-1 **MECHANIC SIGNATURE:**  **DATE:** 02/11/21

LOCATION/RM #: WO# 13532 **ASSET #** 1564 **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	Schedule and coordinate work with operating personnel.			
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.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Inspect lighting contactor for pitting or arcing - report issues			
2	Inspect visual condition of wiring. Look for evidence of overheating.			
3	Check for proper light operation.			
4	Test operation of automatic switches/ time clock/ photocells if applicable.			
5	Inspect light pole and mounting devices for deficiencies.			
6	For any noted deficiency, takes pictures and open corrective maintenance ticket.			

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

SITE AND BLDG #: MD002 B-1MECHANIC
SIGNATURE: DATE: 02/11/21LOCATION/RM #: WO# 13532 ASSET # 1560&1561START TIME: 0900FINISH 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.	/	/	
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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DOMESTIC HOT WATER HEATER - ELECTRIC

SITE AND BLDG #: MD024 B-1 **MECHANIC SIGNATURE:**  **DATE:** 02/11/21
LOCATION/RM #: WO# 13532 ASSET # 1562, 1563 **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	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 and water. Tighten as necessary. Ensure power is disconnected to electric heaters prior to checking connections.			
4	Check operation/ setting of aquastat. Check hot water temperature with dial thermometer, set aquastat at minimum value required for all uses.			
5	Check amperage draw of upper and lower elements and compare to name plate data.			AMP READINGS L1 ____ L2 ____
6	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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: