

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 8/3/21

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>PATRICK BROWN</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. WO#'S , 14010 , 14027 , 14116-14122 , 14261 , 14262 , 14345 ,
 2. 14359 , 14374 , 14375 , 14123-14125 , 14360 , 14376 , 14126 ,
 3. 14127
 4. ASSET#'S , 10568 , 10612-10614 , 10559 , 10560 , 10566-10568 ,
 5. 10608 , 10609 , 10636-10638 , 10643 , 10644 , 190917- , 450 ,
430-433 , 446 , 449 , 434 , 447 , 452 , 455 , 458 , 459
-

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/3/21

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: AMMIE MEARERO Date: 8/3/21

Signed: _____

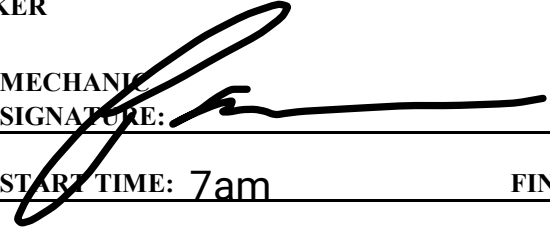
E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

ICE MAKER

SITE AND BLDG #: NY067 BLDG1

MECHANIC

SIGNATURE: 

DATE: 8/3/21

LOCATION/RM #: kitchen WO# 14010, ASSET # 10568
14120

START TIME: 7am

FINISH TIME: 8am

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.	☒	☒	no deficiencies noted
2	Visually check for refrigerant, oil and water leaks.	☒	☒	no leaks found
3	Inspect ice condition/size.	☒	☒	ice size and condition are good
4	Clean air filter	☒	☒	air filter is clean
5	As needed, drain and clean unit with proper ice machine cleaning solution. Drain and cleen at a minimum of annually.	☒	☒	unit has been properly cleaned
6	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.	☒	☒	no water filter present
7	Check and tighten any loose screw-type electrical connections.	☒	☒	all screws are tight
8	Check all controls; adjust if necessary.	☒	☒	controls are good
9	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	☒	☒	valves and doors are good
10	Check and clear ice machine draining system (drain vent, strainer, trap).	☒	☒	drain vent and strainer are clear
11	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	☒	☒	doors hinges and gaskets are good
12	Clean motor, compressor, and condenser coil.	☒	☒	all are clean

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: