

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 5/26/22

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 , 16919 , 16941 , 17023 , 17024-17029 , 17132 , 17146 ,
 2. 17166 , 17030-17032 , 17167 , 17033 , 17034
 3. ASSET#'S , 10568 , 10612 , 10559 , 10560 , 10566 , 10567 , 10568 ,
 4. 10613 , 10614 , 10551 , 10636 , 10637 , 10638 , 10643 , 10644 ,
 5. 190917- , 450 , 430-433 , 446 , 449 , 455
-

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/26/22

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: 5/26/22

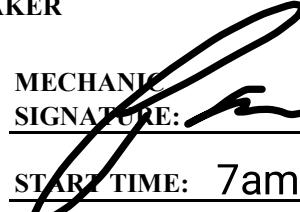
Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ICE MAKER

SITE AND BLDG #: **NY067 BLDG1**

LOCATION/RM #: **kitchen** WO# **16919, 17027** ASSET # **10568**

MECHANIC
SIGNATURE: 

DATE: **5/26/22**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 clean 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: