

**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

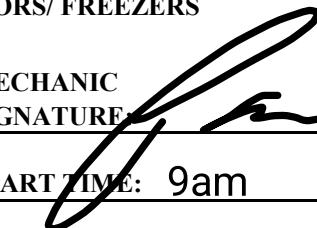
Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: **NY067 BLDG1**

LOCATION/RM #: kitchen **WO#** 17025, **ASSET #** 10566
17026 **10567**

MECHANIC
SIGNATURE: 

DATE: **5/26/22**START TIME: **9am**FINISH TIME: **9:30am**

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.	✓	/	no deficiencies noted
2	Verify indicator light on; check compartment temperature.	✓	/	compartment temperature is correct
3	Examine evaporator for proper clearances/slope and air flow.	✓	/	evaporator slope is good
4	Examine handles, hinges and tightness of door closure.	✓	/	handles and hinges are good
5	Examine safety door release and fan shut down safety switch.	✓	/	switches function properly
6	Inspect lighting for burnt out lamps. Replace if required.	✓	/	no burnt out lamps
7	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	✓	/	evaporator coil drain and pan are good
8	Clean condenser coil and condensing unit section.	✓	/	condensing coil is clean
9	Clean and inspect defrost evaporation trays/pans.	✓	/	trays are clean
10	Check operation of thermostats; calibrated as required.	✓	/	thermostat functions properly
11	Check coil superheat and adjust to manufacturers recommendations.	✓	/	superheat is correct
12	Inspect and service all electric motors.	✓	/	electrical motors are good
13	Check box floor for water or ice accumulation.	✓	/	no water or ice accumulation
14	Clean up area and note any deficiencies.	✓	/	no deficiencies noted

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: