

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 5/10/22

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 , 17067-17073 , 17142 , 17156 , 17173 , 17074-17076,
2. ASSET#'s , 9220 , 9222 , 9240 , 9241 , 9243-9245 ,
3. 9261-9263 , 190917-, 131 , 102 , 103 , 132 , 127 , 128
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/10/22

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: RON VOGT Date: 5/10/22

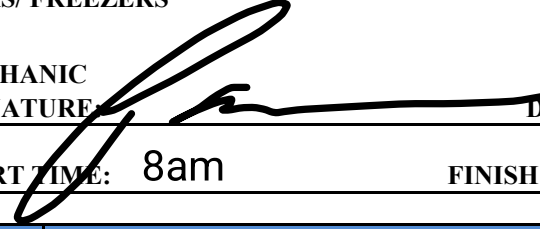
Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: NY013 BLDG1

MECHANIC  
SIGNATURE: 

DATE: 5/10/22

LOCATION/RM #: kitchen WO# 17067, ASSET # 9220  
17068 9222

START TIME: 8am

FINISH TIME: 8:30am

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                                                                                | TASK COMPLETE                       |                          | NOTES/ ACTIONS<br>(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                                          | If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.        | <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"/> | no deficiencies noted                                                   |
| 2                                          | Verify indicator light on; check compartment temperature.                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | compartment temperature is correct                                      |
| 3                                          | Examine evaporator for proper clearances/slope and air flow.                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | evaporator slope is good                                                |
| 4                                          | Examine handles, hinges and tightness of door closure.                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | handles and hinges are good                                             |
| 5                                          | Examine safety door release and fan shut down safety switch.                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | switches function properly                                              |
| 6                                          | Inspect lighting for burnt out lamps. Replace if required.                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no burnt out lamps                                                      |
| 7                                          | Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | evaporator coil drain and pan are good                                  |
| 8                                          | Clean condenser coil and condensing unit section.                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | condensing coil is clean                                                |
| 9                                          | Clean and inspect defrost evaporation trays/pans.                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | trays are clean                                                         |
| 10                                         | Check operation of thermostats; calibrated as required.                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | thermostat functions properly                                           |
| 11                                         | Check coil superheat and adjust to manufacturers recommendations.                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | superheat is correct                                                    |
| 12                                         | Inspect and service all electric motors.                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | electrical motors are good                                              |
| 13                                         | Check box floor for water or ice accumulation.                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | no water or ice accumulation                                            |
| 14                                         | Clean up area and note any deficiencies.                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**