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. PATRICK BROWN
2. _____
3. _____
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:** [signature]

**DATE:** 5/10/22

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

**START TIME:** 8am

**FINISH TIME:** 8:30am

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE YES | TASK COMPLETE NO | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---|---|---|
| | **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 discription of the deficiency.

To be perfomed by: General Maintenance Worker

**Additional Notes:**