

CERTIFICATION OF WORK PREVENTIVE MAINTENANCE

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

FACID/Building: _____ Date of Visit: _____

Contractor Personnel on Site:

1. _____	3. _____
2. _____	4. _____

Work Performed:

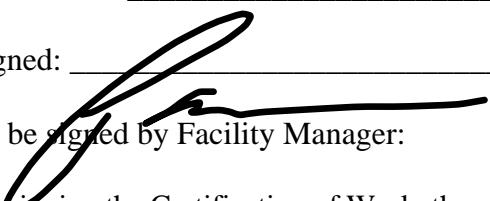
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

Signed: 

To be signed by Facility Manager:

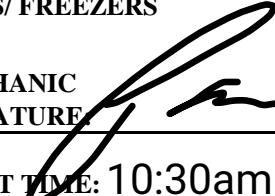
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Ammie Mearero Date: 2/27/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: **NY067-01**MECHANIC
SIGNATURE DATE: **2/27/19**

LOCATION/RM #: **KITCHEN** WO# **2290** **ASSET #** **10566**
2291 **10567**

START TIME: **10:30am****FINISH TIME:** **11:30am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Review manufacturer's instructions.	<input checked="" type="checkbox"/>		
2	De-energize, lock out, and tag electrical circuits.	<input checked="" type="checkbox"/>		
3	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.		<input checked="" type="checkbox"/>	appliance was not disposed of
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.		<input checked="" type="checkbox"/>	no refrigerants were disposed of
5	Closely follow all safety procedures described in the Safety Data Sheet (SDS) for the refrigerant and to all labels on refrigerant containers.	<input checked="" 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"/>		no deficiencies noted
2	Verify indicator light on; check compartment temperature.	<input checked="" type="checkbox"/>		
3	Examine evaporator for proper clearances/slope and air flow.	<input checked="" type="checkbox"/>		
4	Examine handles, hinges and tightness of door closure.	<input checked="" type="checkbox"/>		
5	Examine safety door release and fan shut down safety switch.	<input checked="" type="checkbox"/>		
6	Inspect lighting for burnt out lamps.	<input checked="" type="checkbox"/>		
7	Check starter panels and controls for proper operation, burned or loose contacts, and loose connections.	<input checked="" type="checkbox"/>		no burned or loose contacts
8	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	<input checked="" type="checkbox"/>		all are cleaned
9	Clean condenser coil and condensing unit section.	<input checked="" type="checkbox"/>		
10	Clean and inspect defrost evaporation trays/pans.	<input checked="" type="checkbox"/>		
11	Inspect defrost systems for proper operation, including timer; adjust as required. Have automatic defrosters adjusted as required so freezer will defrost during "Off Peak" hours	<input checked="" type="checkbox"/>		
12	Check operation of thermostats; calibrated as required.	<input checked="" type="checkbox"/>		thermostats functioned properly
13	Check coil superheat and adjust to manufacturers recommendations.	<input checked="" type="checkbox"/>		
14	Inspect and service all electric motors.	<input checked="" type="checkbox"/>		

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
15	Inspect door gaskets for damage and proper fit; adjust gaskets as required and lubricate hinges with food grade oil.	✓		no damage
16	Check door gasket heater.		✓	no door gasket heater
17	Check box floor for water or ice accumulation.	✓		no water or ice accumulations
18	Check box for excessive ice build- up and open seams.	✓		

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: