

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:

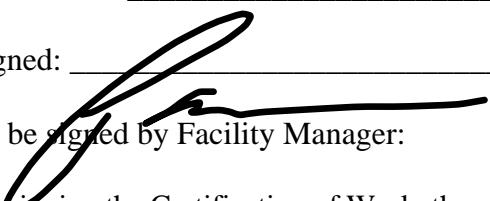
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

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 ICE MAKER

SITE AND BLDG #: **NY067-01**

MECHANIC SIGNATURE:

DATE: 2/27/19

START TIME: 9:30am

FINISH TIME: 10:30 am

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.	✓	✗	
2	De-energize, lock out, and tag electrical circuits.	✗	✓	
3	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	✓	✗	
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	✗	✓	no materials discarded
5	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
3	Inspect ice condition/size.	✓	✗	
4	As needed, drain and clean unit with proper ice machine cleaning solution.	✓	✗	
5	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.	✓	✗	there is no water filter
6	Check and tighten any loose screw-type electrical connections.	✓	✗	no loose connections
7	Check all controls; adjust if necessary.	✓	✗	no adjustments needed
8	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	✓	✗	
9	Check and clear ice machine draining system (drain vent, strainer, trap).	✓	✗	
10	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	✓	✗	all are in good shape
11	Clean motor, compressor, and condenser coil.	✓	✗	

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: it is my professional opinion that a water filter should be installed on this unit