

**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. \_\_\_\_\_

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**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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST  
REACH-IN REFRIGERATORS/ FREEZERS**

**SITE AND BLDG #:** NY067-B1

**MECHANIC  
SIGNATURE:** 

**DATE:** 5/23/19

**LOCATION/RM #:** KITCHEN **WO#** 3534 **ASSET #** 10566  
3535 10567

**START TIME:** 9am

**FINISH TIME:** 9:45am

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"/>	<input checked="" type="checkbox"/>	
2	De-energize, lock out, and tag electrical circuits.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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"/>	<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"/>	<input checked="" type="checkbox"/>	no deficiencies noted
2	Verify indicator light on; check compartment temperature.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	compartment temperature is good
3	Examine evaporator for proper clearances/slope and air flow.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are correct
4	Examine handles, hinges and tightness of door closure.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are good
5	Examine safety door release and fan shut down safety switch.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Inspect lighting for burnt out lamps.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no burnt lamps
7	Check starter panels and controls for proper operation, burned or loose contacts, and loose connections.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	controls are operating correctly
8	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are clean
9	Clean condenser coil and condensing unit section.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	coils are clean
10	Clean and inspect defrost evaporation trays/pans.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	trays are clean
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"/>	<input checked="" type="checkbox"/>	defrost system is operating properly
12	Check operation of thermostats; calibrated as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	thermostats are correct
13	Check coil superheat and adjust to manufacturers recommendations.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	superheat is correct
14	Inspect and service all electric motors.	<input checked="" type="checkbox"/>	<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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no damage all fit properly
16	Check door gasket heater.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no gasket heater
17	Check box floor for water or ice accumulation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no ice accumulation
18	Check box for excessive ice build- up and open seams.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no ice build-up

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:**