

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:

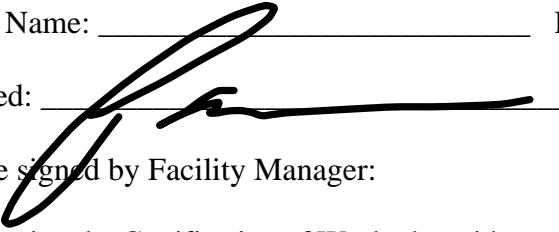
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

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

CERTIFICATION OF WORK

To be signed by the Contractor:

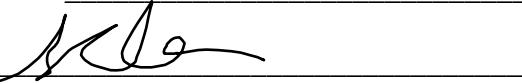
Print Name: _____ Date: _____

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: _____ Date: _____

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ICE MAKER

SITE AND BLDG #: **NY067-B1**MECHANIC
SIGNATUREDATE: **5/23/19**LOCATION/RM #: **KITCHEN WO# 3536** ASSET # **10568**START TIME: **9:45am**FINISH TIME: **11am**

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.		✓	
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 visual oil or water leaks
3	Inspect ice condition/size.	✓		ice condition and size are good
4	As needed, drain and clean unit with proper ice machine cleaning solution.	✓		used cleaner and sanitizer
5	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.		✓	no water filter present
6	Check and tighten any loose screw-type electrical connections.	✓		no loose connections
7	Check all controls; adjust if necessary.	✓		controls are good
8	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	✓		water connection and valve work properly
9	Check and clear ice machine draining system (drain vent, strainer, trap).	✓		drain is clear
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 condition
11	Clean motor, compressor, and condenser coil.	✓		all are clean

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: