

**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

 MECHANIC
SIGNATURE

DATE: 5/23/19

START TIME: 9:45am

FINISH TIME: 11am

SITE AND BLDG #: NY067-B1

LOCATION/RM #: KITCHEN WO# 3536 ASSET # 10568

| 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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: