

**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 #: **NY067-01**MECHANIC  
SIGNATURE: DATE: **8/5/19**LOCATION/RM #:                      WO# **4842**                      ASSET # **10568**START TIME: **9:30am**FINISH TIME: **10:30am**

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"/>	<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	Only approved cleaning chemicals shall be used.	<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 known deficiencies
2	Visually check for refrigerant, oil and water leaks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no refrigerant oil or water leaks
3	Inspect ice condition/size.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ice condition and size are good
4	As needed, drain and clean unit with proper ice machine cleaning solution.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no water filter present
6	Check and tighten any loose screw-type electrical connections.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all screws are tight on electrical
7	Check all controls; adjust if necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no adjustments necessary
8	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are good
9	Check and clear ice machine draining system (drain vent, strainer, trap).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	drain is clear no strainer trap
10	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	doors hinges handles and gaskets are good
11	Clean motor, compressor, and condenser coil.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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:**