

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY067 Date of Visit: 11/4/19

Contractor Personnel on Site:

1. <u>Patrick Brown</u>	3. _____
2. _____	4. _____

Work Performed:

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

1. WO'S 5749MO, 5839-5845QT, 5975PMM, 5991PMQ, 5846-5848QT,
2. 5992PMQ, 5849-5850QT
3. OUTSIDE LIGHTING, CIRCULATING PUMPS, KITCHEN EQUIP, EMERGENCY
4. LIGHTING, GATE, ISOLATION VALVES, GLYCOL FEED SYSTEM, EXP TANKS,
5. WATER HEATER, EMERGENCY LIGHTING,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 11/4/19

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: 11/4/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
ICE MAKER

SITE AND BLDG #: **NY067-01**MECHANIC
SIGNATURE: DATE: **11/4/19**

LOCATION/RM #:

WO# 5843**ASSET # 10569**START TIME: **8:45am**FINISH TIME: **10:45am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	De-energize, lock out, and tag electrical circuits.	✓	X	
2	Only approved cleaning chemicals shall be used.	✓	X	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	✓	X	no deficiencies noted
2	Visually check for refrigerant, oil and water leaks.	✓	X	no leaks found
3	Inspect ice condition/size.	✓	X	adjusted ice size
4	Clean air filter	✓	X	air filter is clean
5	As needed, drain and clean unit with proper ice machine cleaning solution. Drain and clean at a minimum of annually.	✓	X	used cleaning and sanitizing solution
6	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.	✓	X	there is no water filter on this unit
7	Check and tighten any loose screw-type electrical connections.	✓	X	no loose screws or electrical connections
8	Check all controls; adjust if necessary.	✓	X	controls are good
9	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	✓	X	all are good
10	Check and clear ice machine draining system (drain vent, strainer, trap).	✓	X	use compressed air to blow out drains
11	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	✓	X	tightened up handles and hinges
12	Clean motor, compressor, and condenser coil.	✓	X	compressor and condenser coil 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: