

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 1/28/20

Contractor Personnel on Site:

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

**Work Performed:**

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

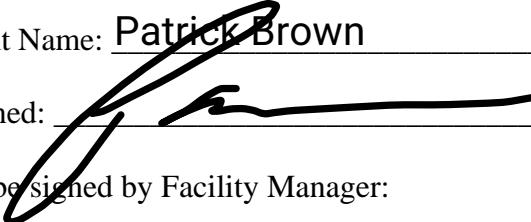
1. WO'S 6637-6640AN, 6778-6781SA, 6823PMM, 6782-6783SA
2. VARIOUS KITCHEN EQUIP, OVERHEAD DOORS, LIGHTING, DEHUMIDIFIER
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

---

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 1/28/20

Signed: 

To be signed by Facility Manager:

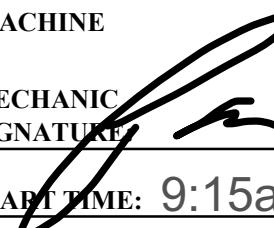
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SFC KEVIN STEWART Date: 1/28/20

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DISHWASHING MACHINE**

ACTIVITY AND BLDG #: **NY013-01**MECHANIC  
SIGNATURE DATE: **1/28/20**LOCATION/RM #: **WO# 6640 ASSET # 9230**START TIME: **9:15am**FINISH TIME: **9:30am**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION   | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|--|---------------|----|---|
|   |  | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |  |               |    |   |
| 1   | Notify cafeteria operator and get permission prior to performing all maintenance.  | ✓             | /  |   |
| 2   | De-energize, lock out, and tag electrical circuits and fuel service.   | ✓             | /  |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |  |               |    |   |
| 1   | Check with operator or manager for any deficiencies, verify cleaning program.  | ✓             | /  |   |
| 2   | Check motor and bearings for excessive noise, vibration, and overheating. Clean motor ventilator openings  | /             | ✓  |   |
| 3   | Check electric insulators, connection and wiring, including inside access panels and junction boxes, and final connections. Tighten loose connections.   | ✓             | /  |   |
| 4   | Test electrical controls, signal lights, timer, and OFF/ON switches. Test timer and switches.  | /             | ✓  |   |
| 5   | Examine all pump suction and discharge connections for leakage, adjust packing nuts as required.   | ✓             | /  |   |
| 6   | Check temperature regulator and adjust or calibrate as required.   | /             | ✓  |   |
| 7   | Check thermostatic control solenoid valve for a minimum of 100° prewash, 140° for wash, and 140° or 180°F for final rinse. (Low temp machines at 140°F.) | /             | ✓  |   |
| 8   | Check operation of wash and rinse spray mechanism for spray coverage and drainage.   | /             | ✓  |   |
| 9   | Inspect soap and spray solution feeder lines; clean as necessary.  | /             | ✓  |   |
| 10  | Inspect water/steam lines and fittings for leaks; tighten fittings as necessary.   | ✓             | /  |   |
| 11  | Check packing glands on wash, rinse, and drain valves; add or replace packing as required. Tighten nuts, bolts, and screws.                              | ✓             | /  |   |
| 12  | Check lubricant in gear case; add manufacturer's recommended oil if required.  | ✓             | /  |   |

| CHECK POINT | CHECKPOINT DESCRIPTION  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|-------------|---|---------------|----|---|
|             |   | YES           | NO |   |
| 13          | Inspect splash curtain for tears, clearance, and water tightness; adjust if required.                                       |               | ✓  |   |
| 14          | Check proper operation of solenoid valve and float in fill tank; adjust as required. Check and repair insulation as needed. |               | ✓  |   |
| 15          | Check proper operation of micro-switch.   |               | ✓  |   |
| 16          | Check doors for operations of chains and counterweights, warping, alignment and water tightness.                            |               | ✓  |   |

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:

there is a CM request for this unit and I cannot do a complete p.m. until the unit is repaired