

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 2/12/20-2/13/20

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 6932FQ, 6958-6960AN, 6984FAN, 7000MO, 7089-7095QT, 7234-7235SA
2. 7281PMM, 7295PMQ, 73110PMS, 6961AN, 7096-7098QT, 7296PMQ, 7312PMS, 7099-7100QT
3. FILTERS, BOILERS, OUTSIDE LIGHTING, CIRCULATING PUMPS, KITCHEN EQUIPMENT,
4. EMERGENCY WALL PACKS AND EXIT SIGNS, ISOLATION VALVES, GLYGOL FEEDER,
5. EXPANSION TANKSWATER HEATERS, BLDG AUTOMATION SYSTEM,

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/13/20

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: AMMIE Mearero Date: 2/13/20

Signed: \_\_\_\_\_

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: **NY067-01**MECHANIC  
SIGNATURE: DATE: **2/13/20**LOCATION/RM #: **WO# 7091** ASSET # **10566**  
**7092** **10567**START TIME: **8am**FINISH TIME: **8:45am**

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	no known deficiencies
2	Verify indicator light on; check compartment temperature.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	light is on temperature's are correct
3	Examine evaporator for proper clearances/slope and air flow.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	evaporator is good
4	Examine handles, hinges and tightness of door closure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	all are good
5	Examine safety door release and fan shut down safety switch.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	safety release functions properly
6	Inspect lighting for burnt out lamps. Replace if required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no burnt out bulbs
7	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	evaporator trays and coils are clean
8	Clean condenser coil and condensing unit section.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	condenser is clean
9	Clean and inspect defrost evaporation trays/pans.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	trays are clean
10	Check operation of thermostats; calibrated as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	thermostats function correctly
11	Check coil superheat and adjust to manufacturers recommendations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	superheat is correct
12	Inspect and service all electric motors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	motors are good
13	Check box floor for water or ice accumulation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no water or ice accumulations
14	Clean up area and note any deficiencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no deficiencies noted

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:**