

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: \_\_\_\_\_ Date of Visit: 5/15/19

Contractor Personnel on Site:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Work Performed:**

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

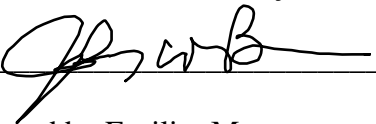
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

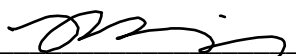
Print Name: Johnny W Brown Date: 5/15/19

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:

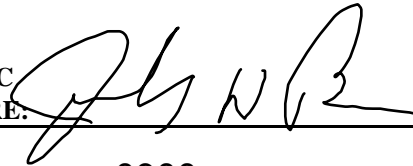
Print Name/Rank: SFC Ryan Willoughby Date: 5/15/19

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### ICE MAKER

MECHANIC  
SIGNATURE:


DATE: 5/15/19

SITE AND BLDG #: MD019-B1

LOCATION/RM #: WO# 8487 ASSET # 1539

START TIME: 0900

FINISH TIME: 1630

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"/>		
2	De-energize, lock out, and tag electrical circuits.	<input checked="" type="checkbox"/>		
3	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	<input checked="" type="checkbox"/>		
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	<input checked="" type="checkbox"/>		
5	Only approved cleaning chemicals shall be used.	<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"/>		
2	Visually check for refrigerant, oil and water leaks.	<input checked="" type="checkbox"/>		
3	Inspect ice condition/size.	<input checked="" type="checkbox"/>		
4	As needed, drain and clean unit with proper ice machine cleaning solution.	<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"/>		
6	Check and tighten any loose screw-type electrical connections.	<input checked="" type="checkbox"/>		
7	Check all controls; adjust if necessary.	<input checked="" type="checkbox"/>		
8	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	<input checked="" type="checkbox"/>		
9	Check and clear ice machine draining system (drain vent, strainer, trap).	<input checked="" type="checkbox"/>		
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"/>		
11	Clean motor, compressor, and condenser coil.	<input checked="" type="checkbox"/>		

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:**

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **REACH-IN REFRIGERATORS/ FREEZERS**

MECHANIC  
SIGNATURE: 




















DATE: 5/15/19

SITE AND BLDG #: MD019-B1

LOCATION/RM #: WO# 8487 ASSET # 1540-1541

START TIME: 0900

FINISH TIME: 1630

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	Closely follow all safety procedures described in the Safety Data Sheet (SDS) for the refrigerant and to all labels on refrigerant containers.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.			
2	Verify indicator light on; check compartment temperature.			
3	Examine evaporator for proper clearances/slope and air flow.			
4	Examine handles, hinges and tightness of door closure.			
5	Examine safety door release and fan shut down safety switch.			
6	Inspect lighting for burnt out lamps.			
7	Check starter panels and controls for proper operation, burned or loose contacts, and loose connections.			
8	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).			
9	Clean condenser coil and condensing unit section.			
10	Clean and inspect defrost evaporation trays/pans.			
11	Inspect defrost systems for proper operation, including timer; adjust as required. Have automatic defrosters adjusted as required so freezer will defrost during "Off Peak" hours			
12	Check operation of thermostats; calibrated as required.			
13	Check coil superheat and adjust to manufacturers recommendations.			
14	Inspect and service all electric motors.			

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		YES	NO	
15	Inspect door gaskets for damage and proper fit; adjust gaskets as required and lubricate hinges with food grade oil.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
16	Check door gasket heater.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
17	Check box floor for water or ice accumulation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
18	Check box for excessive ice build- up and open seams.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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To be performed by: General Maintenance Worker

**Additional Notes:**

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DOMESTIC HOT WATER HEATER - GAS**

**SITE AND BLDG #:** **MD019-B1**

**MECHANIC  
SIGNATURE:**

**DATE:** **5/15/19**

**LOCATION/RM #:** **RM 150**    **WO#** **8487**    **ASSET #** **1542-1543**

**START TIME:** **0900**

**FINISH TIME:** **1630**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS  (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.			
2	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.			
3	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.			
4	Do not allow any open flames around equipment.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Attach drain hose. Drain several gallons from tank to remove sediment.			
2	Manually check operation of safety valve. Check for corrosion around valve. Verify the safety valve inspection tag is in place. Ensure that no personnel are in area of relief piping discharge.			
3	Check all connections - electric, gas and water. Tighten as necessary.			
4	Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses.			
5	Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.			
6	Clean sight glasses on tanks.			
7	Clean strainer, check condition of traps. Report and repair leaks.			
8	Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required.			
9	If applicable, Remove and inspect Anode, replace if necessary			
10	Clean up work area and remove trash.			

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:**