

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: 5/17/19

Contractor Personnel on Site:

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

Work Performed:

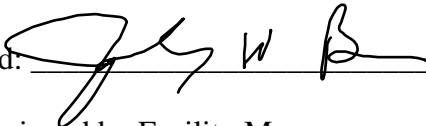
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Johnny W Brown Date: 5/17/19

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: CW5 Mark Smith Date: _____

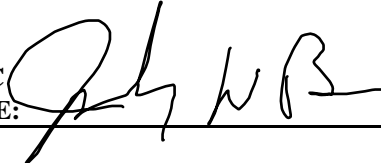
Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

ICE MAKER

 MECHANIC
SIGNATURE:



DATE: 5/17/19

SITE AND BLDG #: MD024

LOCATION/RM #: WO# 8492 ASSET # 1559

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

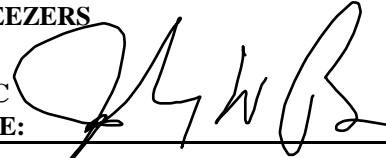
Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
REACH-IN REFRIGERATORS/ FREEZERS

MECHANIC
SIGNATURE:



DATE: 5/17/19

SITE AND BLDG #: MD024

LOCATION/RM #:

WO# 8492

ASSET # 1560-1561

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 | Closely follow all safety procedures described in the Safety Data Sheet (SDS) for the refrigerant and to all labels on refrigerant containers. | <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 | Verify indicator light on; check compartment temperature. | <input checked="" type="checkbox"/> | | |
| 3 | Examine evaporator for proper clearances/slope and air flow. | <input checked="" type="checkbox"/> | | |
| 4 | Examine handles, hinges and tightness of door closure. | <input checked="" type="checkbox"/> | | |
| 5 | Examine safety door release and fan shut down safety switch. | <input checked="" type="checkbox"/> | | |
| 6 | Inspect lighting for burnt out lamps. | <input checked="" type="checkbox"/> | | |
| 7 | Check starter panels and controls for proper operation, burned or loose contacts, and loose connections. | <input checked="" type="checkbox"/> | | |
| 8 | Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s). | <input checked="" type="checkbox"/> | | |
| 9 | Clean condenser coil and condensing unit section. | <input checked="" type="checkbox"/> | | |
| 10 | Clean and inspect defrost evaporation trays/pans. | <input checked="" type="checkbox"/> | | |
| 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 | <input checked="" type="checkbox"/> | | |
| 12 | Check operation of thermostats; calibrated as required. | <input checked="" type="checkbox"/> | | |
| 13 | Check coil superheat and adjust to manufacturers recommendations. | <input checked="" type="checkbox"/> | | |
| 14 | Inspect and service all electric motors. | <input checked="" type="checkbox"/> | | |

| 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 type="checkbox"/> | |
| 16 | Check door gasket heater. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 17 | Check box floor for water or ice accumulation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 18 | Check box for excessive ice build- up and open seams. | <input checked="" type="checkbox"/> | <input 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 #: **MD024**MECHANIC
SIGNATURE: DATE: **5/17/19**LOCATION/RM #: **RM214** WO# **8492** ASSET # **1562**
RM25 **1563**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. |  | | |

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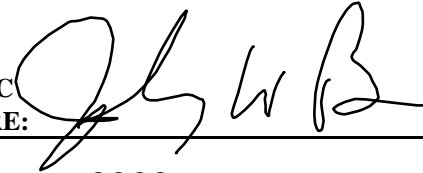
To be performed by: General Maintenance Worker

Additional Notes:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

LIGHTING, OUTSIDE

 MECHANIC
SIGNATURE:












DATE: 5/17/19

START TIME: 0900

FINISH TIME: 1630

SITE AND BLDG #: MD024

LOCATION/RM #: WO# 8492 ASSET # 1564

| 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 | Schedule and coordinate work with operating personnel. |  | | |
| 3 | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. |  | | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Open and tag switch. |  | | |
| 2 | Inspect visual condition of wiring. Look for evidence of overheating. |  | | |
| 3 | Check for proper light operation. |  | | |
| 4 | Test operation of automatic switches/ time clock/ photocells if applicable. |  | | |
| 5 | Inspect light pole and mounting devices for deficiencies. |  | | |
| 6 | For any noted deficiency, takes pictures and open corrective maintenance ticket. |  | | |

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To be performed by: General Maintenance Worker

Additional Notes: