CERTIFICATION OF WORK
**PREVENTIVE MAINTENANCE**

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

FACID/Building: NY126 Date of Visit: 5/28/19

Contractor Personnel on Site:

1. Patrick Brown
2. _____
3. _____
4. _____

**Work Performed:**

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

1. 8512FQ, 8576MO, 8621QT, 8762SA,
2. FILTERS, TIME CLOCK, ICE MAKER, REFRIGERATOR, WATER HEATER CAPS, CHILLER
3. _____
4. _____
5. _____

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 5/28/19

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: John Granata AFOS Date: 5/28/19

Signed: John S. Granata

E-Mail: _____

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

## REACH-IN REFRIGERATORS/ FREEZERS

**SITE AND BLDG #:** NY126

**MECHANIC SIGNATURE:**

**DATE:** 5/28/19

**LOCATION/RM #:**

**WO#** 8621

**ASSET #** 6907/6912

**START TIME:** 8:15am

**FINISH TIME:** 9am

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE YES | TASK COMPLETE NO | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---|---|---|
| | **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. | ✓ | | no deficiencies noted |
| 2 | Verify indicator light on; check compartment temperature. | ✓ | | light is on component temperature is correct |
| 3 | Examine evaporator for proper clearances/slope and air flow. | ✓ | | evaporator is correct |
| 4 | Examine handles, hinges and tightness of door closure. | ✓ | | handles hinges and of door closure is good |
| 5 | Examine safety door release and fan shut down safety switch. | ✓ | | |
| 6 | Inspect lighting for burnt out lamps. | ✓ | | no burnt-out lamps |
| 7 | Check starter panels and controls for proper operation, burned or loose contacts, and loose connections. | ✓ | | no loose or burn contacts or connections |
| 8 | Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s). | ✓ | | all are clean |
| 9 | Clean condenser coil and condensing unit section. | ✓ | | condenser coil is clean |
| 10 | Clean and inspect defrost evaporation trays/pans. | ✓ | | pans are clean |
| 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 | ✓ | | defrost system is good |
| 12 | Check operation of thermostats; calibrated as required. | ✓ | | temperatures are correct |
| 13 | Check coil superheat and adjust to manufacturers recommendations. | ✓ | | superheat is correct |
| 14 | Inspect and service all electric motors. | ✓ | | electrical motors are in good condition |

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---|---|---|
| | | YES | NO | |
| 15 | Inspect door gaskets for damage and proper fit; adjust gaskets as required and lubricate hinges with food grade oil. | ✓ | | all are good |
| 16 | Check door gasket heater. | | | no gasket heater |
| 17 | Check box floor for water or ice accumulation. | | | no ice accumulation |
| 18 | Check box for excessive ice build- up and open seams. | ✓ | | no build-up of ice |

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 perfomed by: General Maintenance Worker

**Additional Notes:**

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

## DOMESTIC HOT WATER HEATER - GAS

**SITE AND BLDG #:** NY126

**MECHANIC SIGNATURE:** [signature]

**DATE:** 5/28/19

**LOCATION/RM #:**

**WO#** 8621

**ASSET #** 6993/7037

**START TIME:** 9am

**FINISH TIME:** 9:45am

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE YES | TASK COMPLETE NO | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---|---|---|
| | **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. | ✓ | | drained for several minutes |
| 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. | ✓ | | safety valve functions properly |
| 3 | Check all connections - electric, gas and water. Tighten as necessary. | ✓ | | all connections are tight |
| 4 | Check operation and setting of aquastat. Check hot water temperature with dial thermometer, and set aquastat at minimum value required for all uses. | ✓ | | aquastat is correct |
| 5 | Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank. | ✓ | | they have been drained |
| 6 | Clean sight glasses on tanks. | | ✓ | no sight glass |
| 7 | Clean strainer, check condition of traps. Report and repair leaks. | | ✓ | no strainer or trap |
| 8 | Clean pump, controls, switches, and starters. Check operation of pump and condition of pump seal or packing, and replace as required. | | ✓ | all are clean |
| 9 | If applicable, Remove and inspect Anode, replace if necessary | | ✓ | no anode present |
| 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 perfomed by: General Maintenance Worker

**Additional Notes:**