

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: _____

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: _____ Date: _____

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: _____ Date: _____

Signed:  _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

ICE MAKER

 MECHANIC
SIGNATURE:

DATE: 5/22/19

START TIME: 8:45am

FINISH TIME: 9am

SITE AND BLDG #: NY052-B1

LOCATION/RM #: WO# 8627 ASSET # 6811

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	Only approved cleaning chemicals shall be used.			
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.			
2	Visually check for refrigerant, oil and water leaks.			
3	Inspect ice condition/size.			
4	As needed, drain and clean unit with proper ice machine cleaning solution.			
5	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.			
6	Check and tighten any loose screw-type electrical connections.			
7	Check all controls; adjust if necessary.			
8	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.			
9	Check and clear ice machine draining system (drain vent, strainer, trap).			
10	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.			
11	Clean motor, compressor, and condenser coil.			

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: ice machine has been disconnected and taken out of service it sits in the assembly hall now







PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: **NY052-B1**MECHANIC
SIGNATURE DATE: **5/22/19**LOCATION/RM #: WO# **8627** ASSET # **6883**START TIME: **8:30am**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	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 type="checkbox"/>	<input checked="" type="checkbox"/>	
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	<input type="checkbox"/>	<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"/>	<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	Verify indicator light on; check compartment temperature.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Examine evaporator for proper clearances/slope and air flow.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Examine handles, hinges and tightness of door closure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Examine safety door release and fan shut down safety switch.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Inspect lighting for burnt out lamps.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7	Check starter panels and controls for proper operation, burned or loose contacts, and loose connections.	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
9	Clean condenser coil and condensing unit section.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	Clean and inspect defrost evaporation trays/pans.	<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	
12	Check operation of thermostats; calibrated as required.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13	Check coil superheat and adjust to manufacturers recommendations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14	Inspect and service all electric motors.	<input checked="" type="checkbox"/>	<input 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.			
16	Check door gasket heater.			
17	Check box floor for water or ice accumulation.			
18	Check box for excessive ice build- up and open seams.			

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To be performed by: General Maintenance Worker

Additional Notes: unit is out of service and denergized

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

DOMESTIC HOT WATER HEATER - GAS

SITE AND BLDG #: **NY052-B1**

MECHANIC

SIGNATURE: DATE: **5/22/19**LOCATION/RM #: _____ WO# **8627** ASSET # **7030**START TIME: **8am**FINISH TIME: **8:30am**

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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Use caution when working with natural gas fired equipment. Be aware of any smells (rotten egg) that could be a natural gas leak.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Do not allow any open flames around equipment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Attach drain hose. Drain several gallons from tank to remove sediment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no drain at the bottom of the tank
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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	safety valve functions correctly
3	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all 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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	aquastat is correct
5	Drain storage and expansion tanks, and flush to remove sediment, scale, and solid at bottom of tank.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no storage or expansion tanks
6	Clean sight glasses on tanks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no sight glass
7	Clean strainer, check condition of traps. Report and repair leaks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no pump
9	If applicable, Remove and inspect Anode, replace if necessary	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no anode present
10	Clean up work area and remove trash.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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To be performed by: General Maintenance Worker

Additional Notes: