

**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

SITE AND BLDG #: **NY030**MECHANIC
SIGNATURE: DATE: **5/8/19**LOCATION/RM #: WO# **8659** ASSET # **6847**START TIME: **9:30am**FINISH TIME: **9:45am**

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 checked="" type="checkbox"/>	
2	De-energize, lock out, and tag electrical circuits.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4	If materials containing refrigerants are discarded, comply with EPA regulations as applicable.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Only approved cleaning chemicals shall be used.	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	
2	Visually check for refrigerant, oil and water leaks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Inspect ice condition/size.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ice machine is not running
4	As needed, drain and clean unit with proper ice machine cleaning solution.	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	no water filter present on the incoming line
6	Check and tighten any loose screw-type electrical connections.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7	Check all controls; adjust if necessary.	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	
9	Check and clear ice machine draining system (drain vent, strainer, trap).	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	
11	Clean motor, compressor, and condenser coil.	<input checked="" type="checkbox"/>	<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: ice machine is no good and needs to be replaced old ice machine needs to be disposed of

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

SITE AND BLDG #: **NY030**MECHANIC
SIGNATURE: DATE: **5/8/19**LOCATION/RM #: WO# **8659** ASSET # **6887**START TIME: **9:45am**FINISH TIME: **10:30am**

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.	✓		all are good
5	Examine safety door release and fan shut down safety switch.	✓		
6	Inspect lighting for burnt out lamps.	✓		no burnt lamps
7	Check starter panels and controls for proper operation, burned or loose contacts, and loose connections.	✓		no burned or loose 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.	✓		condensr coil is clean
10	Clean and inspect defrost evaporation trays/pans.	✓		evaporator trays 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 operating correctly
12	Check operation of thermostats; calibrated as required.	✓		thermostats are proper
13	Check coil superheat and adjust to manufacturers recommendations.	✓		superheat is good
14	Inspect and service all electric motors.	✓		

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	door gaskets are good
16	Check door gasket heater.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no door gasket heater
17	Check box floor for water or ice accumulation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no water or ice accumulation
18	Check box for excessive ice build- up and open seams.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no excessive ice build up

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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 #: **NY030**MECHANIC
SIGNATURE: DATE: **5/8/19**LOCATION/RM #: WO# **8659** ASSET # **6950/7062**START TIME: **10:30am**FINISH TIME: **11:15am**

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 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 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 type="checkbox"/>	
4	Do not allow any open flames around equipment.	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	
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 type="checkbox"/>	safety valve functions correctly
3	Check all connections - electric, gas and water. Tighten as necessary.	<input checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	
6	Clean sight glasses on tanks.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no sight glass
7	Clean strainer, check condition of traps. Report and repair leaks.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	no strainer or traps
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 type="checkbox"/>	puma are clean
9	If applicable, Remove and inspect Anode, replace if necessary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no anode present
10	Clean up work area and remove trash.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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To be performed by: General Maintenance Worker

Additional Notes: