

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 8/28/20

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>PATRICK BROWN</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. WO'S 9353FQ,9370MO,9459-9465QT,9604-9605SA,9688PMM,9702PMQ,
2. 9717-9718PMS,9466-9468QT,9703PMQ,9719PMS,9469-9470QT
3. FILTERS, BOILERS, OUTSIDE LIGHTING,CIRCULATING PUMPS, KITCHEN EQUIPMENT,
4. EMERGENCY WALL PACKS AND EXIT SIGNS, ISOLATION VALVES, GLYGOL FEEDER,
5. EXPANSION TANKSWATER HEATERS, BLDG AUTOMATION SYSTEM,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/28/20

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: AMMIE Mearero Date: 8/28/20

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

REACH-IN REFRIGERATORS/ FREEZERS

SITE AND BLDG #: **NY067-01**MECHANIC
SIGNATURE: DATE: **8/28/20**LOCATION/RM #: **WO# 9461** ASSET # **10566**
9462 **10567**START TIME: **8:30am**FINISH TIME: **9am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	De-energize, lock out, and tag electrical circuits.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	If appliance is disposed, follow regulations concerning removal of refrigerants and disposal of the appliance.	<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"/>	no deficiencies noted
2	Verify indicator light on; check compartment temperature.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	compartment temperature is correct
3	Examine evaporator for proper clearances/slope and air flow.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	evaporators are good
4	Examine handles, hinges and tightness of door closure.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are good
5	Examine safety door release and fan shut down safety switch.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	safety switch functions properly
6	Inspect lighting for burnt out lamps. Replace if required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no burnt-out lamps
7	Clean evaporator coil, evaporator drain pan, blowers, fans, motors, and drain piping as required; lubricate motor(s).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	all are clean
8	Clean condenser coil and condensing unit section.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	condenser coils is clean
9	Clean and inspect defrost evaporation trays/pans.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	trays and pans are clean
10	Check operation of thermostats; calibrated as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	thermostats function properly
11	Check coil superheat and adjust to manufacturers recommendations.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	superheat is correct
12	Inspect and service all electric motors.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	electric motors are good
13	Check box floor for water or ice accumulation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no water or ice accumulation
14	Clean up area and note any deficiencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	no deficiencies noted

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: