


# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

## ICE MAKER

MECHANIC **Chris Sergent**

SITE AND BLDG #: # Y35504#

SIGNATURE: 

DATE: 6-3-19

LOCATION/RM #:

START TIME: 9:00 AM FINISH TIME: 9:30 AM

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
WV022-01	8626	7057	PM-QT-6810		C1210ESNG	7703311073	J-1502000-27 2-pc Water Heater	

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"/>	
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"/>	
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.		X	
8	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.		X	
9	Check and clear ice machine draining system (drain vent, strainer, trap).		X	
10	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.		X	
11	Clean motor, compressor, and condenser coil.		X	

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 description of the deficiency. To be performed by: General Maintenance Worker **Additional Notes:**



The ice machine does not operate. Checked ice maker has bad compressor. Jennifer is aware that the ice maker is not in operation.