

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**ICE MAKER**

SITE AND BLDG #: **WV046-01**

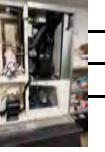
**MECHANIC**  
**SIGNATURE:** James R Groft Jr

DATE: **11/30/2025**

**LOCATION/RM #:** **WO# 20477** **ASSET # 9327**

**START TIME:**

**FINISH TIME:**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	De-energize, lock out, and tag electrical circuits.	X		
2	Only approved cleaning chemicals shall be used.	X		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	X		<b>Ice at top of bin was partially frozen</b>      
2	Visually check for refrigerant, oil and water leaks.	X		
3	Inspect ice condition/size.	X		
4	Clean air filter	X		
5	As needed, drain and clean unit with proper ice machine cleaning solution. Drain and clean at a minimum of annually.	X		
6	Check date on water filter, Replace as needed. Water filters should be changed annually at a minimum.	X		
7	Check and tighten any loose screw-type electrical connections.	X		
8	Check all controls; adjust if necessary.	X		
9	Examine water connection; open and close water valve; test ice dispensing valve and (door) metering adjustment.	X		
10	Check and clear ice machine draining system (drain vent, strainer, trap).	X		
11	Examine condition of bin doors-closure, hinges, gaskets, handles and ease of slide; lubricate as required. Check storage bin condition.	X		
12	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:**