

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### RANGE

**ACTIVITY AND BLDG #:** NY060 - 01      Main Building

**MECHANIC**
**SIGNATURE:** *Christopher N Pothier* **DATE:** 1 - 14 - 20

**LOCATION/RM #:** Kitchen      **WO#** 6552      **ASSET #** 10469

**START TIME:**
**FINISH TIME:**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Notify cafeteria operator and get permission prior to performing all maintenance.	X		
2	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.	X		
3	De-energize, lock out, and tag electrical circuits and fuel service.	X		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check with operating or area personnel for any deficiencies; verify cleaning program.	X		
2	Check all controls, mechanisms for proper operation; adjust as required.	X		
3	Examine utility supply line, piping, valve packing, specialties, and insulation; look for leaks.	X		
4	Check electric power line condition, switch, disconnect, etc.; or check condition of gas supply, valves, regulators, and inspect pilot, check for Gas leaks.	X		
5	Examine burner guards, covers or cook top surfaces for cracks or damage.	X		
6	Clean and adjust gas burners and pilot light assembly.	X		
7	Clean electric heating elements and check amperage against nameplate.		X	unit is gas fired
8	Examine handles, knobs and controls for tightness and safe condition.	X		
9	Check automatic burner lighters and safety controls.	X		
10	Lubricate gas valves.	X		
11	Check electric power line condition (switch, disconnect, etc.), or check condition of gas supply, valves, regulators.	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:**