

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**MISCELLANEOUS KITCHEN EQUIPMENT**

**ACTIVITY AND BLDG #:** NY128 - 01      Main Building

**MECHANIC**

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

**LOCATION/RM #:** Kitchen    **WO#** 6594    **ASSET #** 10814

**START TIME:**

**FINISH TIME:**

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                                                                                                                                        | TASK COMPLETE |    | NOTES/ ACTIONS<br>(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 operator or manager for any deficiencies, verify cleaning program.                                                                                                 | X             |    |                                                                         |
| 2                                          | Check all controls, mechanisms for proper operation; adjust as required.                                                                                                      | X             |    |                                                                         |
| 3                                          | If applicable, examine utility supply line, piping, valve packing, specialties, and insulation; look for any leaks.                                                           |               | X  | Not applicable                                                          |
| 4                                          | If applicable, 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                                          | Ensure unit is clean and in working order. Note any deficiencies.                                                                                                             | 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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**

Unit is a serving counter, hot food table, electric.