

Biomat Freezer PM check list

FORM TO MANAGED BY THE REFRIGERATION GROUP

Preventive Maintenance (PM) must be performed on each freezer at regular quarterly intervals. This requirement covers the freezer compartment(s) as well as the anteroom, if applicable. During the quarterly PMs, the product may remain in the freezer as long as the PM does not impact the product that is stored in the freezer. PMs are to be scheduled a minimum of two weeks in advance.

Each freezer and anteroom require its own form to be completed, i.e., a center with two freezers and one anteroom would complete three forms.

Do not make any changes to the system settings or set points on freezing systems without prior approval from the Manager, Corporate Facilities Engineering Department. Contractors must contact the refrigeration group before making any changes, so that validation impact of the change can be assessed.

Biomat Freezer PM check list

Location: Freezer ID: Date Initiated:

Does this evaporator coil need deicing and cleaning? Yes No

Freezer Box					
Manufacturer Serial #:		Model #:			
			Yes	No	
1.	Is freezer door safety mechanism functioning properly?				
2.	Are plastic strip curtains in place and in good repair for all exterior doors, including walk-thru and pass-thru door?				
3.	Are all condensate drain lines effectively removing condensation from evaporator collection pans?				

Condenser / Compressor Package							
Condenser Manufacturer:		Model #:		Serial #:			
Compressor Manufacturer:		Model #:		Serial #:			
					Yes	No	
4.	Is the oil level in compressor correct? Maintain at ¼ to ¾ sight glass as required.						
5.	Was the receiver (if applicable) and compressor crankcase heater amp draw checked for proper operation?						
6.	Inspect the sealed refrigerant systems for leaks. Was it acceptable without any leaks?						
7.	Clean condenser coil by using pressurized water and a commercial coil cleaner, if needed. Clean coil a minimum of twice per year or more as local conditions require. Were the condensers cleaned?						
8.	Visually check all electrical devices for any overheating and signs of discoloration, contactor points for pitting, and any wiring with discolored or melted insulation. Were all checks acceptable?						
9.	Are condenser fan controls properly operating? Verify fan blades are tight and all mounting bolts are tight. Make certain that all of the safety controls are operational and functioning properly. Check setting on fan cycle control, if applicable, and record settings. Cut-In _____ Cut-Out _____						
10.	Check compressor suction, discharge pressure and temperature, determine compressor superheat, and record all.						
	Suction Pressure	psig	Discharge Pressure	psig			
	Suction Temperature	°F	Discharge Temperature	°F			

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Location: Freezer ID: Date Initiated:

Condenser / Compressor Package (continued)		Yes	No
11.	Liquid line temp, leaving the condensing unit to evaporator coil = _____ °F		
12.	Record suction pressure cut-in / cut-out. Suction pressure device cut-in Setpoint <input type="text"/> psig Suction pressure device cut-out Setpoint <input type="text"/> psig		
13.	Check motor amp draw and voltage on compressor, control circuit and fan(s), and compare with nameplate data. Record findings. Were all checks acceptable? Voltage L1 <input type="text"/> L2 <input type="text"/> L3 <input type="text"/> Cond. Fan(s) Amps L1 <input type="text"/> L2 <input type="text"/> Compressor Amps L1 <input type="text"/> L2 <input type="text"/> Evap. Fan(s) Amps L1 <input type="text"/> L2 <input type="text"/>		
14.	Check and verify the amp draw on all defrost heater circuits, and compare to nameplate data. Check and verify the defrost termination and fan delay control is performing correctly, and record results. Check and verify the defrost time clock control is set to correct time for this unit and the schedule (pins, if applicable, are installed in the correct times). (Also tight). Were the settings correct? Defrost Heater Amps L1 <input type="text"/> L2 <input type="text"/> Defrost termination temperature (including units °F or °C) <input type="text"/> Defrost timer maximum time setting <input type="text"/> Is defrost terminating on temperature? Defrost fan delay temperature (including units °F or °C) <input type="text"/> Are the fans delaying at the completion of defrost?		
15.	Check all refrigeration piping. Make sure that all mechanical joints and flare nuts are tight. (Tighten, if necessary.)		

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Location: Freezer ID: Date Initiated:

Evaporator(s)							
Evaporator Manufacturer:		Model #:		Serial #:			
16.	Record defrost cycles below:						
	Defrost Cycle Times				Approximate Duration		
	1st	2nd	3rd	4th			
						Yes	No
17.	Are defrost cycles functioning as intended and effective in removing all frost and ice from coil?						
18.	Record thermostat settings below (include units °F or °C):						
	Setpoint	<input style="width: 100px;" type="text"/>		Differential	<input style="width: 100px;" type="text"/>		
*Recommended setting must match validated installation setpoint.							
						Yes	No
19.	Check evaporator coil for refrigerant leaks and loose electrical connections. Were any found?						
20.	REQUIRED PICTURES <ul style="list-style-type: none"> Front and back of evap. coil Glycol bottle Showing all condensing units From the entry door into the freezer 						
Review							
21.	Review general equipment condition with Center Manager.						
22.	Scheduled next PM DATE: _____						

NOTE: Each freezer and anteroom require its own Freezer Check list, *Quarterly Freezer Preventive Maintenance Working Service Manual*, to be completed, i.e., a center with two freezers and one anteroom would complete three forms. If a freezer has two refrigeration systems (i.e., evaporator coils and condensing units), a separate Freezer Check list must be completed for each refrigeration system.

Biomat Freezer PM check list

Location: Freezer ID: Date Initiated:

Overall Comments & Repair Notes	
Signature:	
Date:	

Service Technician / Provider Information			
Technician Name			
Provider Name		Phone	
Street		City	
State		Zip	

Management Review			
Center Management	Signature:	Date:	

PM documents are to be Emailed to the refrigeration department.

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