

Completion of the signature block below signifies the review and approval of this document.

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	Document #: EQP-019C	Revision: 1.0	Effective Date: 14-Sep-2020
	Title: Quarterly Freezer Preventive Maintenance Working Service Manual		

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.

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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 #:	
		Model #:		Serial #:	
Compressor Manufacturer:					
				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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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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Evaporator(s)							
Evaporator Manufacturer:				Model #:		Serial #:	
Record defrost cycles below:							
16.	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 type="text"/>		Differential	<input 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						
	• 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 Form EQP-019C, 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 EQP-019C form must be completed for each refrigeration system.

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Location: Freezer ID: Date Initiated:

Overall Comments & Repair Notes			
Signature:	<input type="text"/>		Date:
<input type="text"/>		<input type="text"/>	

Service Technician / Provider Information			
Technician Name	<input type="text"/>		
Provider Name	<input type="text"/>	Phone	<input type="text"/>
Street	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>

Management Review			
Center Management	Signature:	Date:	<input type="text"/>
<input type="text"/>		<input type="text"/>	

PM documents are to be uploaded to the Maximo service request.