

### **PREVENTATIVE MAINTENANCE / CERTIFICATION CHECKLIST (ME & MG MODELS)**

Certification ID # _____	Nat Store # _____	PM / Cert _____	PM / Cert _____
Address _____	McCopCo # _____	Start Date: MM / DD / YY	Complete Date: MM / DD / YY
City _____	State / Province _____	Zip Code _____	
Model # _____	Serial # _____	<input type="radio"/> US   <input type="radio"/> Canada   <input type="radio"/> International (List Country) _____	

The following items are recommended Certification / Preventive Maintenance (PM) checklist items for the Electric & Gas Clamshell Grill. These items should be checked / replaced on an annual basis. The PM check will include the below listed items, but doesn't include replacement parts for any items, not specifically listed. Items found to be defective during the PM check will be identified to the responsible store manager for their evaluation and repair / replacement decision.

- The following items are to be checked / corrected / rescheduled for repair on a annual basis (ONLY OEM PARTS are to be used in repairs)
- All problems and work required at a later date are to be recorded on this form and highlighted to the store manager.

**NOTE: UNDER NO CIRCUMSTANCES THIS EQUIPMENT TO BE OPERATED IN AN UNSAFE CONDITION**  
**CAUTION: BE CAREFUL WHEN HANDLING PANELS AS EDGES MAY BE SHARP**

<b>SAFETY EVALUATION - CAUTION: ENSURE EQUIPMENT POWER ISOLATION TO PREVENT ELECTRICAL SHOCK</b>				
<b>1) Check and confirm condition of power cord, receptacle, and all internal electrical connections:</b>				
→	Ensure that incoming voltage is correct and matches data plate.	<input type="radio"/> OK	<input type="radio"/> Incorrect	
→	Check for damage and/or wear of receptacle and power cord. Replace as necessary.	<input type="radio"/> OK	<input type="radio"/> Replaced	
→	Inspect and retighten incoming power terminal connections. Repair if required.	<input type="radio"/> OK	<input type="radio"/> Repaired	
→	Visually check all plugs/socket internal connections. Repair if required.	<input type="radio"/> OK	<input type="radio"/> Repaired	
<b>2) Confirm the SAFETY/WARNING stickers are in place and visible. Replace as necessary.</b>		<input type="radio"/> OK	<input type="radio"/> Replaced	
<b>3) Ensure the linear actuator stop limit switch are functioning and operating correctly.</b>		<input type="radio"/> OK	<input type="radio"/> Repaired	
<b>MECHANICAL INSPECTION - CAUTION: ENSURE EQUIPMENT ISOLATION TO PREVENT ELECTRICAL SHOCK</b>				
<b>4) Inspect / Clean interior and rear of unit for general cleanliness and condition.</b>		<input type="radio"/> OK	<input type="radio"/> Excessively Dirty	
→	Clean and then inspect the front/sides & back of all platens - grease/carbon must be removed.	<input type="radio"/> OK	<input type="radio"/> Cleaned	
<b>Note:</b> Customer to <b>authorize</b> or <b>refuse</b> additional cleaning time >>>>>>>>Initials: _____		<input type="radio"/> Authorized	<input type="radio"/> Refused	
<b>5) General inspection for grease migration.</b>				
→	Check flue box condition and clean as necessary, customer responsibility.	<input type="radio"/> OK	<input type="radio"/> Cleaned	
→	Check upper platen conduit for damage, wear, & tightness.	<input type="radio"/> OK/Corrected	<input type="radio"/> Replaced	
→	Check and clean upper and lower limit switches.	<input type="radio"/> OK/Corrected	<input type="radio"/> Replaced	
→	Replace shaft seals (REQUIRED FOR ANNUAL GRILL CERTIFICATION).	<input type="radio"/> Replaced		
→	Remove platen shaft. Clean and reapply lubrication to pillow blocks and shaft.	<input type="radio"/> Lubricated		
<b>6) Complete the following for GAS Clamshells ONLY.</b>				
→	Verify correct incoming gas pressure for type of gas. Pressure _____	<input type="radio"/> NAT	<input type="radio"/> LP	
→	Verify correct burner manifold pressure and adjust as necessary. L _____ inWC   C (if applicable) _____ inWC   R _____ inWC			
→	Check / verify & adjust if needed proper flame sensor uA (1.4 or greater). L _____ uA   C (if applicable) _____ uA   R _____ uA			
→	Check Ignition cables for signs of overheating, and deterioration.	<input type="radio"/> OK	<input type="radio"/> Replaced	
→	Check for abnormal fan noise, air leakage, or inconsistent burner operation	<input type="radio"/> OK	<input type="radio"/> Repaired	
<b>7) Perform a temperature calibration of all cooking zones and adjust as necessary (Release sheet "OFF").</b>				
→	Stores pyrometer operational. Calibrate with ice bath method.	<input type="radio"/> OK / Calibrated	<input type="radio"/> NONE / Broken	
→	Calibrate all zones and adjust if necessary.	<input type="radio"/> OK / Adjusted	<input type="radio"/> Will not calibrate	
<b>8) Perform level platen calibration</b>				
→	Ensure Gap Calibration is set at 80mils as the Garland Gap Gauge.	<input type="radio"/> L – OK	<input type="radio"/> C (if applicable)- OK	<input type="radio"/> R – OK
→	Perform Platen leveling if require.	<input type="radio"/> L – OK	<input type="radio"/> C (if applicable)- OK	<input type="radio"/> R – OK
<b>MICROPROCESSOR AND OPERATIONAL COMPONENTS</b>				
<b>9) Software revision.</b>				
→	Record software version number. _____	(Under: Diagnostics/Revision=UI Software Ver)		
<b>BEEF &amp; GRILL CHICKEN INTEGRITY CHECK</b>				
<b>a) Check all product gap settings and adjust to McDonalds cooking specifications.</b>		<input type="radio"/> OK	<input type="radio"/> Adjusted	
<b>b) Ensure multi-stage gapping is enabled and properly programmed for 10:1, 6:1, 4:1 &amp; Fresh Beef patties.</b>		<input type="radio"/> OK	<input type="radio"/> Adjusted	
<b>c) Perform Beef/Grill Chicken Integrity per McDonalds cooking specifications. Record final results below.</b>				
10:1 Remove Time:Left Platen _____	Center Platen (If Applicable) _____	Right Platen _____		
6:1 Remove Time:Left Platen _____	Center Platen (If Applicable) _____	Right Platen _____		
4:1 Remove Time:Left Platen _____	Center Platen (If Applicable) _____	Right Platen _____		
Fresh Beef Time:Left Platen _____	Center Platen (If Applicable) _____	Right Platen _____		
Grill Chicken Remove Time:Left Platen _____	Center Platen (If Applicable) _____	Right Platen _____		
<b>GRILL CERTIFICATION RESULTS:</b>		<b>GRILL CERTIFIED?</b> <input type="radio"/> YES <input type="radio"/> NO		
Additional Parts Required to complete certification:		IF NO, EXPLAIN REPAIRS:		
		Store Approved Repairs? <input type="radio"/> YES <input type="radio"/> NO _____		
Part _____ Part _____		Sign / Date _____		
Part _____ Part _____		Projected Cost: \$ _____		
Part _____ Part _____		Accepted By (Signed Name): _____		
		Accepted By (Printed Name): _____		

<b>Submitted by:</b>		Dollar Amount Billed (per visit):
Tech Name: _____	If In-House, Badge # _____	\$ _____ Dollars
		\$ _____ Dollars
If Service Agency, Company Name: _____		
If Sub Agent, Company Name: _____		
<b>TOTAL TIME to complete PM / Certification:</b> _____ hrs _____ mins      _____ hrs _____ mins		
In Store Time		Travel Time