

Preventative Maintenance Form: Inspection Report LOV Fryers

| I. General Information | |
|------------------------|-------------------------|
| Company Name | Inspecting Technician |
| Manager Name | Date of Last Inspection |
| Address | |
| Phone | |

| II. Equipment Description | |
|---------------------------|--------------------------|
| Brand | TIPO of Gas |
| Serial Number | Default Gas Pressure |
| Type | Operational Gas Pressure |
| Manufacture Date | Voltage of Unit |
| Installation Date | Voltage of Control |

III. Inspection/ Cleaning

| | OK | CLEAN | REPAIR |
|--|--------------------------|--------------------------|--------------------------|
| FILTRATION SYSTEM | | | |
| Drain Pan | | | |
| Change the filter pad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inspect filter pan o-rings for wear and tear | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lubricate and replace the filter pan o-rings to prevent them from breaking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Empty the crumb catcher of any debris | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clean the filter screen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Run filter test; Check to confirm no oil is leaking into drain pan when pot is full | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Note filter bypass for previous 7 days well 1 <div style="display: flex; justify-content: space-between;"> <div> Sun Left Right well 1 ___ ___ well 2 ___ ___ well 3 ___ ___ well 4 ___ ___ </div> <div> Mon Left Right ___ ___ ___ ___ ___ ___ ___ ___ </div> <div> Tue Left Right ___ ___ ___ ___ ___ ___ ___ ___ </div> <div> Wed Left Right ___ ___ ___ ___ ___ ___ ___ ___ </div> <div> Thur Left Right ___ ___ ___ ___ ___ ___ ___ ___ </div> <div> Fri Left Right ___ ___ ___ ___ ___ ___ ___ ___ </div> <div> Sat Left Right ___ ___ ___ ___ ___ ___ ___ ___ </div> </div> | | | |

| | | |
|--|-------------------------|--|
| | MANAGER INITIALS | |
|--|-------------------------|--|

| Oil Quality | | | |
|--|--------------------------|--------------------------|--------------------------|
| Oil Life | | | |
| Test oil to confirm oil is still good | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| During cook cycle, confirm oil does not foam or smoke; Change oil if these occur | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| Behind Fryer | | | |
|--|--------------------------|--------------------------|--------------------------|
| Inspect and clean hood Filters and Grease catch pan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Note any needs to clean hood system of grease build up | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the hood oil catch cup in place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OK CLEAN REPAIR

| High Limit/ Heating Element (Electric units only) | | | |
|--|--------------------------|--------------------------|--------------------------|
| Heating element | | | |
| Clean the heating elements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inspect high mounting area / proper bulb mounting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| High Limit (Electric & Gas units) | | | |
| Clean the high limit bulb of debris | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inspect high mounting area / proper bulb mounting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gas Components | | | |
| Burner Tubes (Gas units) | | | |
| Clean in between the flame tubes inside of the vat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Carbon build up on the burner tubes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Blowers & Vents (Gas units) | | | |
| Inspect the vents; clear any debris or obstructions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wipe the blower openings of any debris to ensure proper burning operation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pilot (Gas units) | | | |
| Inspect the pilot and clean | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flame Micro-amps for each pilot Vat 1 _____ Vat 2 _____ Vat 3 _____ Vat 4 _____ | | | |
| Flexible gas line quick dis connect and line condition / clean | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CONTROL SYSTEM | | | |
| E-Log | | | |
| Check the error log in Info Mode and determine if there is a pattern of errors that need to be addressed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Check that the timer works properly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Check the buzzer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Temperature Probe check | | | |
| Properly mounted and secure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Probe guards are all in place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| | | | | |
|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| AIF System | | | | |
| Confirm AIF system is functioning properly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Jib Container | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Jib Pick-up Tube quick disconnect | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Selector Valve | | | | |
| Verify proper operation of selector valve / Solenoid valves | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Platinum – Only (Separate Purchase) | | | | |
| Deep clean | <input type="checkbox"/> Vat #1 | <input type="checkbox"/> Vat #2 | <input type="checkbox"/> Vat #3 | <input type="checkbox"/> Vat #4 |
| Operational Training | Number trained | | | |
| | | | MANAGER INITIALS | |

| | |
|-------------------------------|--|
| IV. Recommendations | |
| 1) | |
| 2) | |
| 3) | |
| 4) | |
| V. Repairs Needed | |
| 1) | |
| 2) | |
| 3) | |
| 4) | |
| 5) | |
| VI. Date of Inspection | |
| MM/DD/YY: | |

Signature of Inspecting Technician

Signature of the Store Manager

Note:

All the procedures described in this form are found in the service manual. The maintenance section includes step by step instructions with pictures that facilitate the execution of each procedure. We tried to be as inclusive as possible with the maintenance procedures to be followed; however, working conditions for each piece of equipment vary from customer to customer so please use this form as a guide. Execute this maintenance with the frequency you find suits your conditions and needs the best.

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