

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **FILTER REPLACEMENT**

SITE AND BLDG #: **Schenectady 060**

**MECHANIC
SIGNATURE:** 

DATE: **12/21/2021**

LOCATION/RM #: **building** **WO#** **15216**

START TIME: **0930**

FINISH TIME:

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace filters as required.			
2	Initial and Date Filter (if disposable)			
3	Initial and Date Yellow Maintenance Tag (if applicable)			
ASSET #	SIZE	QTY		NOTES/ ACTIONS
190917-380	20x30x2	1		
190917-381	18.5x25.5x2	1		
190917-382	18x24x2	1		
190917-378	18.5x25.5x2	1		
190917-383	18x24x2	1		
190917-385	20x30x2	1		
190917-389	18x24x2	1		
190917-390	18x24x2	1		
190917-391	18x24x2	1		
190917-392	18.5x25.5x2	1		
190917-393	18x24x2	1		
190917-394	18x24x2	1		
190917-395	18x24x2	1		
190917-386	18x24x2	1		
190917-387	18.5x25.5x2	1		
190917-388	18.5x25.5x2	1		
190917-384	20x30x2	1		

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 description of the deficiency.

To be performed by: General Maintenance Technician

Additional Notes: