

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
VAV BOX

SITE AND BLDG #: **White Plains MD066**

MECHANIC  
SIGNATURE: 

DATE: **7/26/21**

LOCATION/RM #: **bldg 1& 309-320 & 340-348**  
WO# **14982** ASSET #

START TIME: **9:40**

FINISH TIME: **11:20**

| CHECK POINT                                | OMS CHECKPOINT DESCRIPTION                                                                                                                                  | TASK COMPLETE                                                                         |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)            |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------------|
|                                            |                                                                                                                                                             | YES                                                                                   | NO |                                                                                    |
| SPECIAL INSTRUCTIONS                       |                                                                                                                                                             |                                                                                       |    |                                                                                    |
| 1                                          | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. |    |    |                                                                                    |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |                                                                                                                                                             |                                                                                       |    |                                                                                    |
| 1                                          | If EMS system permits, check that the operating controls activate damper per design specifications.-                                                        |    |    | Record CFM AIR FLOW _____                                                          |
| 2                                          | If required, check damper linkage for tightness and lightly lubricate.                                                                                      |    |    |  |
| 3                                          | If required, inspect dampers for free movement.                                                                                                             |  |    |                                                                                    |
| 4                                          | If required, inspect actuators for tightness to mounting brackets.                                                                                          |  |    |                                                                                    |
| 5                                          | As needed, tighten electrical connections to servo motor.                                                                                                   |  |    |                                                                                    |
| 6                                          | Inspect unit for overall condition and recommend for replacement or other needed repairs.                                                                   |  |    |                                                                                    |



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: HVAC Technician

**Additional Notes:**