

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DEHUMIDIFIER**

SITE AND BLDG #: Rockville MD021


**MECHANIC
SIGNATURE:** 

DATE: 11/3/21

LOCATION/RM #: vault **WO#** 15271 **ASSET #** 2111

START TIME: 10:20

FINISH TIME: 10:35

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (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 | Check water inlet and outlet for any leaks, repair as needed. | ✓ | |  | |
| 2 | Clean and/or replace filter as needed. -Record space humidity | ✓ | | | Space Humidity <u>35</u> % |
| 3 | If applicable, check hours per usage, replace tanks's as needed. | ✓ | | | |

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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: