

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**UNIT HEATER, INFRA-RED, RADIANT, GAS**

**SITE AND BLDG #:** **Rockville MD021**

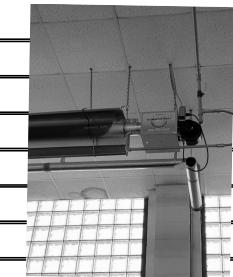
**MECHANIC  
SIGNATURE:** 

**DATE:** **3/7/22**

**LOCATION/RM #:** **drill hall** **WO#** **16659** **ASSET #** **2106**

**START TIME:** **8:40**

**FINISH TIME:** **9:05**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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.	<input checked="" type="checkbox"/>		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	For gsa/oil heaters: 1. Remove access panels if applicable. 2. Check the fire box liner or refractory for cracks and leaks. 3. Check all gas lines for leaks. Repair as needed.	<input checked="" type="checkbox"/>		
2	Clean dirt from heater, vaccuming is preferred.	<input checked="" type="checkbox"/>		
3	Check operation of gas valve.	<input checked="" type="checkbox"/>		
4	Check for gas leaks.	<input checked="" type="checkbox"/>		
5	Check operation of thermostat.	<input checked="" type="checkbox"/>		
6	If applicable, replace primary air intake filter.		<input type="checkbox"/> <b>N/A</b>	
7	As needed, clean spark electrode and reset gap, replace if necessary.	<input checked="" type="checkbox"/>		
8	Inspect flue pipe and connections.	<input checked="" type="checkbox"/>		
9	If applicable, inspect and clean outside air blower and blower intake.	<input checked="" type="checkbox"/>		
10	Inspect unit for proper operation.	<input checked="" type="checkbox"/>		
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	<input checked="" type="checkbox"/>		

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:**