

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **FILTER REPLACEMENT**

SITE AND BLDG #: **Saugerties 128**

**MECHANIC
SIGNATURE:** 

DATE: **3/1/2022**

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

START TIME: **1330**

FINISH TIME: **1430**

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
10870	16×25×4	1		
10871	16x20x2	2		
10871	16x16x2	2		
10874	16x20x2	4		
10874	20x20x2	4		
10867	20x20x1	1		
10790	20x24x2	2		
10794	12x24x2	1		
10794	12x24x4	1		
10794	24x24x2	1		
10794	24x24x4	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: