

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **UNIT HEATER, HOT WATER**

**SITE AND BLDG #:** **Schenectady 060**

**MECHANIC SIGNATURE:** 

**DATE:** **3/2/2023**

**LOCATION/RM #:** **building** **WO#** **21438** **ASSET #** **190917-338**

**START TIME:** **1230**

**FINISH TIME:** **1315**

| CHECK POINT                                | CHECKPOINT DESCRIPTION                                                                                                                                                           | TASK COMPLETE                                                                        |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----|-------------------------------------------------------------------------|
|                                            |                                                                                                                                                                                  | YES                                                                                  | NO |                                                                         |
| SPECIAL INSTRUCTIONS                       |                                                                                                                                                                                  |                                                                                      |    |                                                                         |
| 1                                          | In addition to the procedure(s) outlined in this standard, the equipment manufacturer’s recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to. |    |    |                                                                         |
| 2                                          | Schedule shutdown with operating personnel.                                                                                                                                      |    |    |                                                                         |
| 3                                          | 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 valve for full stroke operation in both directions, if applicable.                                                                                                         |    |    |                                                                         |
| 2                                          | Check valve for signs of abnormal wear and leaks. Replace packing if needed.                                                                                                     |    |    |                                                                         |
| 3                                          | Clean the coil with vacuum cleaner.                                                                                                                                              |    |    |                                                                         |
| 4                                          | Comb the fins as needed.                                                                                                                                                         |   |    |                                                                         |
| 5                                          | Clean all fans and motors.                                                                                                                                                       |  |    |                                                                         |
| 6                                          | Check operation of controls and safeties.                                                                                                                                        |  |    |                                                                         |
| 7                                          | Lubricate as required.                                                                                                                                                           |  |    |                                                                         |
| 8                                          | Check all motors, belts, pulleys, shafts, etc. for alignment.                                                                                                                    |  |    |                                                                         |

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 Worker

**Additional Notes:**