

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **FILTER REPLACEMENT**

**SITE AND BLDG #:** Saugerties 128

**LOCATION/RM #:** mechanical **WO#** 

**MECHANIC SIGNATURE:**  **DATE:** 6/15/2021  
6/16/2021

**START TIME:** 0800 **FINISH TIME:** 1500

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
10794	24x24x2	1		
10794	24x12x2	1		
10794	24x24x4	1		
10794	24x12x4	1		
na	24x20x2	2		Ahu2
na	24x24x2	2		Ahu2
na	24x20x4	2		Ahu2
na	24x24x4	2		Ahu2
na	20x24x2	4		ahu1
na	20x24x4	4		ahu1
na	12x24x2	12		ahu1
na	12x24x4	12		ahu1

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:**