

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

**SITE AND BLDG #:** **Saugerties 128**

**MECHANIC  
SIGNATURE**

**8/29/2023**

**DATE: 8/30/2023**

**LOCATION/RM #:** **site** **WO#** 

**START TIME: 0800**

**FINISH TIME: 1500**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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	24x24x4	1		
10794	12x24x2	1		
10794	12x24x4	1		
10867	20x20x1	1		
10870	16x25x4	1		
10871	16x20x2	2		
10871	16x16x2	2		
10874	20x20x2	4		
10874	16x20x2	4		
na ahu2	20x24x2	2		
na ahu2	20x24x4	2		
na ahu2	24x24x2	2		
na ahu2	24x24x4	2		
na ahu1	12x24x2	12		
na ahu1	12x24x4	12		
na ahu1	20x24x2	4		

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:**

**na ahu1 20x24x2**

**4**