


PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **FILTER REPLACEMENT**

SITE AND BLDG #: Saugerties 128
LOCATION/RM #: mechanical **WO#** 

MECHANIC SIGNATURE:  **DATE:** 9/1/2021
9/22/2021
START TIME: _____ **FINISH TIME:** _____

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
10874	20x20x2	4		
10874	20x16x2	4		
10871	16x25x4	1		
10870	20x16x2	2		
10870	16x16x2	2		

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: