

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DEHUMIDIFIER

SITE AND BLDG #: **NY013 BLDG2**MECHANIC
SIGNATURE: DATE: **1/23/23**LOCATION/RM #: **BLDG2 WO# 20511 ASSET # 9251**START TIME: **11am**FINISH TIME: **11:15am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check water inlet and outlet for any leaks, repair as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Clean and/or replace filter as needed. -Record space humidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Space Humidity <input checked="" type="checkbox"/> %
3	If applicable, check hours per usage, replace tanks's as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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:

there is no dehumidifier in building 2