

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DEHUMIDIFIER

SITE AND BLDG #: NY013 BLDG2

**MECHANIC
SIGNATURE:**

DATE: 8/24/23

LOCATION/RM #: **WO#** 23228 **ASSET #** 9251

START TIME: 11am

FINISH TIME: 11:05 am

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"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check water inlet and outlet for any leaks, repair as needed.		<input checked="" type="checkbox"/>	
2	Clean and/or replace filter as needed. -Record space humidity		<input checked="" type="checkbox"/>	Space Humidity _____%
3	If applicable, check hours per usage, replace tanks's as needed.		<input checked="" 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 discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: there is no dehumidifier in building two