

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

**SITE AND BLDG #:** NY013 BLDG1

**MECHANIC  
SIGNATURE.**

**DATE:** 3/1/23

**LOCATION/RM #: BLDG1 WO# 21129,21130,21131**

**START TIME:** 7:30am

**FINISH TIME:** 8:30am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		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
	Record Size :			
9209	20x25x2 - 16x25x2	2-4		
9210	16x25x2 - 20x25x2	2-1		
9211	16x20x2	4		
	<b>NOTE : Any AHU with outside air -Filter gets replaced Quarterly</b>			
	<b>All other filters get replaced annually But inspected Quarterly</b>			

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:**