

CHECKLIST

**DATE:** 2/10/25

**FINISH TIME: 11AM**

| CHECK POINT                                | CHECKPOINT DESCRIPTION  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(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  |
|  | Record Size :   |               |    |   |
|  |   |               |    |   |
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|  |   |               |    |   |
|  | NOTE : Any AHU with outside air -Filter gets replaced Quarterly |               |    |   |
|  | All other filters get replaced annually But inspected Quarterly |               |    |   |
|  |   |               |    |   |

To be performed by: General Maintenance Technician

3 piece energy recovery wheels are located in building 2.

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