

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

KITCHEN HOOD

ACTIVITY AND BLDG #: NY127 BLDG1MECHANIC
SIGNATURE: DATE: 12/20/22LOCATION/RM #: kitchen WO# 20180 ASSET # 190917-620 START TIME: 9:30am FINISH TIME: 10am

| 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 | Clean all accessible surfaces thouroughly. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Check all louvers and dampers. If dampers must be moved to ensure complete cleaning, ensure they will be marked and returned to their original position to prevent unbalancing the system. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Clean and/or replace filters, if applicable. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Enure unit is operating properly, not any deficiencies. | <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: