

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

DEHUMIDIFIER

SITE AND BLDG #: NY010-01

LOCATION/RM #: Bldg. 1 WO# 17035 ASSET # 5029

**MECHANIC
SIGNATURE:** Bill Davis

DATE: 12/4/2024

START TIME: _____ **FINISH TIME:** _____

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.	●		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check water inlet and outlet for any leaks, repair as needed.	●		
2	Clean and/or replace filter as needed. -Record space humidity	●		Space Humidity _____ %
3	If applicable, check hours per usage, replace tanks's as needed.	●		

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: