

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**UNIT HEATER, HOT WATER**

SITE AND BLDG #: NY023-118

MECHANIC

SIGNATURE: Dean Rowe

DATE: 6/1/22

LOCATION/RM #: CAGE Area

START TIME: 1pm

FINISH TIME: 3pm

| Site Location | WO #  | Asset # | PM #       | Manufacturer | Model Number | Serial #  | Asset Description                               | Asset Location |
|---------------|-------|---------|------------|--------------|--------------|-----------|---|----------------|
| NY023-118     | 17504 | 9267    | PM-SA-9267 | Vulcan       | HV248        | HS2420-92 | J-08 9-pc Unit Heater, Hot Water various places |                |
|               |       |         |            |              |              |           |   |                |
|               |       |         |            |              |              |           |   |                |

| CHECK POINT                                | CHECKPOINT DESCRIPTION   | TASK COMPLETE                       |                                     | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|--|-------------------------------------|-------------------------------------|---|
|  |  | YES                                 | NO                                  |   |
| SPECIAL INSTRUCTIONS                       |  |                                     |                                     |   |
| 1  | In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| 2  | Schedule shutdown with operating personnel.  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| 3  | 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 checked="" type="checkbox"/> |   |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |  |                                     |                                     |   |
| 1  | Check valve for full stroke operation in both directions, if applicable.   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| 2  | Check valve for signs of abnormal wear and leaks. Replace packing if needed.   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| 3  | Clean the coil with vacuum cleaner.  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |   |

|   |   |   |  |  |
|---|---|---|--|--|
| 4 | Comb the fins as needed.                                      | ✓ |  |  |
| 5 | Clean all fans and motors.                                    | ✓ |  |  |
| 6 | Check operation of controls and safeties.                     | ✓ |  |  |
| 7 | Lubricate as required.  | ✓ |  |  |
| 8 | Check all motors, belts, pulleys, shafts, etc. for alignment. | ✓ |  |  |

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:**

Units are leaking and need to  
be replaced, some are deteriorating.