

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**PLUMBING FIXTURES**

ACTIVITY AND BLDG #: NY023-121

LOCATION: Bathroom Men's /Female's.

MECHANIC  
SIGNATURE:

Deen Rowe

DATE: 7/1/21

START TIME: 3pm

FINISH TIME: 4pm

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
NY023-121	13636	9313	PM-AN-9313				J-26 2-pc Lavatory, Wall Mounted Rm 102	
NY023-121	13637	9314	PM-AN-9314				J-26 1-pc Urinal, Wet, Flush Valve Rm 102	
NY023-121	13638	9315	PM-AN-9315				J-26 1-pc Toilet, Flush Valve, Wall Mounted Rm 102	
NY023-121	13639	9316	PM-AN-9316				J-26 1-pc Lavatory, Wall Mounted Rm 103	
NY023-121	13640	9317	PM-AN-9317				J-26 1-pc Toilet, Flush Valve, Wall Mounted Rm 103	
NY023-121	13641	9318	PM-AN-9318				J-26 1-pc Janitor Sink, Wall Mounted Rm 1013	

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)	
		YES	NO	SPECIAL INSTRUCTIONS	
<b>SPECIAL INSTRUCTIONS</b>					
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.	✓	/		
2	Review manufacturer's instructions.	✓	/		

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 type="checkbox"/>	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	SINKS - Operate faucets, inspect for leaks, replace washers/"O" rings as necessary. Observe drain flow, clean trap if obstructed. Replace filter as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	SHOWER HEADS, MIXING VALVES - Check shower for damaged, missing, or leaking heads; replace as required. Check mixing valves for damaged or missing parts; replace washers as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	SHOWER STALLS - Check for leaks, cracks, significant wear or vandalism.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	TOILETS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps, seat supports, and replace.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	URINALS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps and replace.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	OTHER MISCELLANEOUS FIXTURES - Clean and inspect for any damage. Check for leaks, missing or damaged parts, caps, etc. Replace as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Note: The Contractor shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence.

Checklist compiled in accordance with:

- Original equipment manufacturers (OEM) documentation for exact or similar assets, which can be located at ([Provide Link to OEM Manual/Asset Library](#))

**Additional Notes:**



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