

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
PLUMBING FIXTURES

ACTIVITY AND BLDG #: NY023-123

MECHANIC

SIGNATURE: *Deer Rowe*

DATE: *7/6/21*

LOCATION: *Bathroom Men's / Female*

START TIME: *12pm*

FINISH TIME: *4pm*

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
NY023-123	13642	9360	PM-AN-9360				J-26 2-pc Shower, Fiberglass Insert Rm 1003	
NY023-123	13643	9361	PM-AN-9361				J-26 4-pc Lavatory, Wall Mounted Rm 1003	
NY023-123	13644	9362	PM-AN-9362				J-26 3-pc Toilet, Flush Valve, Floor Mounted Rm 1003	
NY023-123	13645	9363	PM-AN-9363				J-26 2-pc Urinal, Wet, Flush Valve Rm 1003	
NY023-123	13646	9364	PM-AN-9364				J-26 1-pc Janitor Sink, Wall Mounted Rm 1003	
NY023-123	13647	9365	PM-AN-9365				J-26 1-pc Shower, Fiberglass Insert Rm 1005	
NY023-123	13648	9366	PM-AN-9366				J-26 2-pc Lavatory, Wall Mounted Rm 1005	
NY023-123	13649	9367	PM-AN-9367				J-26 2-pc Toilet, Flush Valve, Floor Mounted Rm 1005	
NY023-123	13650	9368	PM-AN-9368				J-26 1-pc Lavatory, Countertop Rm 1012	

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Review manufacturer's instructions.	<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	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 checked="" 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 checked="" type="checkbox"/>	
3	SHOWER STALLS - Check for leaks, cracks, significant wear or vandalism.	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	
6	OTHER MISCELLANEOUS FIXTURES - Clean and innspect for any damage. Check for leaks, missing or damaged parts, caps, etc. Replace as needed.	<input checked="" type="checkbox"/>	<input checked="" 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:

