

# PREVENTIVE MAINTENANCE PROGRAM CHECKLIST

**SITE AND BLDG#:** NY023-123

**MECHANIC**

**SIGNATURE:** *SIGNATURE ON FILE (DROWE)*

**DATE:** 5/1/23

Site Location	WO#	Asset#	PM#	Manufacturer	Model Number	Serial#	Asset Description	Asset Location
NY023-123	2-22089							

CHECK POINT	CHECKPOINT DESCRIPTION	NOTES/ACTIONS (if Task Complete is Checked 'NO', Then Provide Explanation)
TO BE PERFORMED AT EACH INSPECTION SERVICE		

**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:**