

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**FILTER REPLACEMENT**

SITE AND BLDG #: NY023-200

MECHANIC  
SIGNATURE:

DATE: 9/27/19

LOCATION/RM #: **WO# 5200 5201**

START TIME: 8am

FINISH TIME: 1130am

| CHECK POINT                                       | CHECKPOINT DESCRIPTION                                  | TASK COMPLETE |                | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---------------|----------------|---|
|   |   | YES           | NO             |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |               |                |   |
| 1   | Check, clean, and/or replace filters as required.       | ✓             |                |   |
| 2   | Initial and Date Filter (if disposable)                 | ✗             |                |   |
| 3   | Initial and Date Yellow Maintenance Tag (if applicable) | ✓             |                |   |
| ASSET #   | SIZE  | QTY           | NOTES/ ACTIONS |   |
| 9425  |   |               |                |   |
| 9433  |   |               |                |   |

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 Technician

**Additional Notes:**

