

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DEHUMIDIFIER**

SITE AND BLDG #: NY023-200

MECHANIC  
 SIGNATURE: *Deen Rowe*

DATE: 7/7/22

LOCATION/RM #: *Building 200*

START TIME: 3pm

FINISH TIME: 3pm

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
NY023-200	18150	9435	PM-SA-9435	EVAC	10264FRUS	221000285	J-14 1-pc Dehumidifier	

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.	X	X	
2	Follow lock out/tag out procedures always. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	X	X	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check water inlet and outlet for any leaks, repair as needed.	X	X	
2	Clean and/or replace filter as needed.	X	X	
3	If applicable, check hours per usage, replace tanks as needed.	X	X	

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:**

\* No Access to Building 200, Building Under Construction