

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
SUMP PUMP

SITE AND BLDG #: NY023-319

MECHANIC
SIGNATURE: *Dean Rowe*

DATE: 7/15/20

LOCATION/RM #: Basement Back Room

START TIME: 8am

FINISH TIME: 8:30am

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|-------|---------|------------|--------------|--------------|----------|---------------------------------------|----------------|
| NY023-319 | 10041 | 9548 | PM-QT-9548 | | | | J-31 1-pc Sump Pump, Electric Rm A005 | |
| | | | | | | | | |
| | | | | | | | | |

| 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 to. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 2 | Schedule outage with operating personnel. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 3 | Follow lock out/tag out procedures always. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 4 | If the material removed from the pump is hazardous, contact the Regional S&EM office for disposal instructions. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 5 | If strainer cleaning requires removal of pump unit which should be considered a repair and not general maintenance. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 6 | Excessive sediment and debris, not removed by flushing the pit should be handled on a project basis, and not considered under this standard. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Remove cover plates and flush pit. | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | | | |
|---|--|--------------|--------------|--|
| 2 | Inspect check valve. | — | — | |
| 3 | Inspect interior of pit for cracks. | ✓ | | |
| 4 | Inspect cover plate gaskets and replace if necessary. | — | — | |
| 5 | Insure the unit is operating properly, report any deficiencies | — | — | |
| 6 | Clean up work area and remove all debris. | ✓ | | |

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:**

* (CM) - not being used needs to be removed from PM checklist or should it be hooked up

