

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
PLUMBING FIXTURES

ACTIVITY AND BLDG #: NY023-319

MECHANIC
SIGNATURE: *Deen Rowe*

DATE: 7/12/21

LOCATION: *Bathroom*START TIME: *8am*FINISH TIME: *11am*

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
NY023-319	13690	9539	PM-AN-9539				J-26 3-pc Toilet, Flush Valve, Floor Mounted Rm A010	
NY023-319	13691	9540	PM-AN-9540				J-26 3-pc Lavatory, Wall Mounted Rm A010	
NY023-319	13692	9541	PM-AN-9541				J-26 3-pc Urinal, Wet, Flush Valve Rm A010	
NY023-319	13693	9542	PM-AN-9542				J-26 2-pc Shower, Built-In Rm A010	
NY023-319	13694	9543	PM-AN-9543				J-26 3-pc Lavatory, Wall Mounted Rm 1008	
NY023-319	13695	9544	PM-AN-9544				J-26 2-pc Shower, Built-In Rm 1008	
NY023-319	13696	9545	PM-AN-9545				J-26 2-pc Toilet, Flush Valve, Floor Mounted Rm 1008	

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

* CM- Asset #9542 is missing the shower head

