

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**AIR HANDLER**

**SITE AND BLDG #:** NY023-330

**MECHANIC  
SIGNATURE:** *Dean Rose*

**DATE:** *9/16/20*

**LOCATION/RM #:** *Mechanical Room*

**START TIME:** *8 Am*

**FINISH TIME:** *9:30 Am*

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
NY023-330	9769	190917-203	PFO19 09172 03	Carrier	4druaa08a2a6-0aoad	2815u14896	1-pc AHU	

**BELT SIZE**

**QTY**

*A - 39*

*1*

**FILTER SIZE**

**QTY**

*16 x 24 x 2*

*4*

**\*\*\*Make, Model and Serial number must be filled out and corrected if applicable.\*\*\***

**Before and After Pictures Required**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
1	Check/Lubricate blower and motor bearings	✓	/	
2	Check operating voltage- <b>indicate voltage in note section</b>	✓	/	<i>208 / 230 volts</i>
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check amperage- <b>indicate voltage in note section</b>	✓	/	<i>5.2 amps</i>
2	Visually check control valve(s)	✓	/	<i>_____</i>
3	Check operation of control valve(s)	✓	/	
4	Check condition of coils	✓	/	
5	Visually inspect for coil leaks	✓	/	

6	Visually inspect for piping leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Check for deterioration of gaskets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Record differential temperatures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Record differential pressures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	Check starter/contactor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	Check and tighten electrical connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	Clean condensate pan and clear drain line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13	Check overall condition of unit- <b>include year of model in note section</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
14	<b>Inspect and Change belt if needed- indicate size in note section</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A - 39
15	<b>Change filter- indicate size in note section</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16 x 24 x 2
16	Check integrity of cabinet hardware	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17	Inspect motor mounting isolators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18	Check condition of pulley and belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19	Check pulley alignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20	Remove and dispose of any debris from any maintenance activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
21	Document tasks performed during visit and report any observations to supervisor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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: HVAC Technician **Additional Notes:**

