

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
AIR HANDLER

SITE AND BLDG #: NY023-330

MECHANIC
SIGNATURE: *Deen Rowe*

DATE: *2/17/20*

LOCATION/RM #: *Mechanical Room*

START TIME: *12pm*

FINISH TIME: *2pm*

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|------|------------|--------------|--------------|--------------------|------------|-------------------|----------------|
| NY023-330 | 9769 | 190917-204 | PFQ190917203 | Carrier | 4druaa08a2a6-oaoad | 2815u14903 | 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 | |
| SPECIAL INSTRUCTIONS | | | | |
| 1 | Check/Lubricate blower and motor bearings | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Check operating voltage-indicate voltage in note section | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 208/ 230 volts |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Check amperage-indicate voltage in note section | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5.2 amps |
| 2 | Visually check control valve(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Check operation of control valve(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Check condition of coils | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Visually inspect for coil leaks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

| | | | | |
|----|---|---|--|------|
| 6 | Visually inspect for piping leaks | ✓ | | |
| 7 | Check for deterioration of gaskets | ✓ | | |
| 8 | Record differential temperatures | ✓ | | |
| 9 | Record differential pressures | ✓ | | |
| 10 | Check starter/contactors | ✓ | | |
| 11 | Check and tighten electrical connections | ✓ | | |
| 12 | Clean condensate pan and clear drain line | ✓ | | |
| 13 | Check overall condition of unit- include year of model in note section | ✓ | | 2016 |

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|-------------|---|---------------|----|---|
| | | YES | NO | |
| 14 | Inspect and Change belt if needed- indicate size in note section | ✓ | | Did not change |
| 15 | Change filter- indicate size in note section | ✓ | | 16 X 24 X 2 |
| 16 | Check integrity of cabinet hardware | ✓ | | |
| 17 | Inspect motor mounting isolators | ✓ | | |
| 18 | Check condition of pulley and belts | ✓ | | |
| 19 | Check pulley alignment | ✓ | | |
| 20 | Remove and dispose of any debris from any maintenance activity | ✓ | | |
| 21 | Document tasks performed during visit and report any observations to supervisor | ✓ | | |

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:**

