

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

**SITE AND BLDG #:** NY058-02

**MECHANIC  
SIGNATURE:**

*Deen Rose*

**DATE:** 3/31/23

**LOCATION/RM #:** Building 02

**START TIME:** 8am

**FINISH TIME:** 10am

| Site Location | WO #  | Asset # | PM #         | Manufacturer | Model Number | Serial #    | Asset Description     | Asset Location |
|---------------|-------|---------|--------------|--------------|--------------|-------------|-----------------------|----------------|
| NY058-02      | 21099 | 10144   | PM-FQT-10144 |              | PFH027A-PL7  | 1031N201508 | J-04 1-pc Air Handler |                |
| NY058-02      | 21100 | 10145   | PM-FQT-10145 | Liebert      |              |             | J-04 1-pc Air Handler |                |
| NY058-02      | 21285 | 10144   | PM-SA-10144  |              | PFH027A-PL7  | 1031N201508 |                       |                |
| NY058-02      | 21286 | 10145   | PM-SA-10145  | Liebert      |              |             | Liebert               |                |
|               |       |         |              |              |              |             |                       |                |
|               |       |         |              |              |              |             |                       |                |
|               |       |         |              |              |              |             |                       |                |

|                    |  |  |  |            |  |  |  |  |
|--------------------|--|--|--|------------|--|--|--|--|
|                    |  |  |  |            |  |  |  |  |
| <b>BELT SIZE</b>   |  |  |  | <b>QTY</b> |  |  |  |  |
|                    |  |  |  |            |  |  |  |  |
| <b>FILTER SIZE</b> |  |  |  | <b>QTY</b> |  |  |  |  |
|                    |  |  |  |            |  |  |  |  |

**\*\*\*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<br>(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> | ✓             |    |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |  |               |    |   |
| 1   | Check amperage- <b>indicate voltage in note section</b>          | ✓             |    |   |
| 2   | Visually check control valve(s)                                  | ✓             |    |   |
| 3   | Check operation of control valve(s)                              | ✓             |    |   |
| 4   | Check condition of coils   | ✓             |    |   |
| 5   | Visually inspect for coil leaks                                  | ✓             |    |   |
| 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- <b>include year of model in note section</b> | <input checked="" type="checkbox"/> |  |  |
|----|---|-------------------------------------|--|--|

| CHECK POINT | CHECKPOINT DESCRIPTION  | TASK COMPLETE                       |                                     | NOTES/ ACTIONS<br>(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 checked="" type="checkbox"/> |   |
| 15          | <b>Change filter- indicate size in note section</b>                             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| 16          | Check integrity of cabinet hardware   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| 17          | Inspect motor mounting isolators  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| 18          | Check condition of pulley and belts   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| 19          | Check pulley alignment  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| 20          | Remove and dispose of any debris from any maintenance activity                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |   |
| 21          | Document tasks performed during visit and report any observations to supervisor | <input checked="" type="checkbox"/> | <input checked="" 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:**

