

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

AIR HANDLER

SITE AND BLDG #: NY058-02

MECHANIC

SIGNATURE: *Signature on File (Rodon)*

DATE: 9/16/2023

LOCATION/RM #: **Building 02**

START TIME:

FINISH TIME:

BELT SIZE				QTY				

FILTER SIZE				QTY				

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	X		
2	Check operating voltage- indicate voltage in note section	X		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check amperage- indicate voltage in note section	X		
2	Visually check control valve(s)	X		_____
3	Check operation of control valve(s)	X		
4	Check condition of coils	X		
5	Visually inspect for coil leaks	X		
6	Visually inspect for piping leaks	X		
7	Check for deterioration of gaskets	X		
8	Record differential temperatures	X		
9	Record differential pressures	X		
10	Check starter/contactor	X		
11	Check and tighten electrical connections	X		
12	Clean condensate pan and clear drain line	X		

13	Check overall condition of unit- include year of model in note section	X		
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CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
14	Inspect and Change belt if needed- indicate size in note section	X		
15	Change filter- indicate size in note section	X		
16	Check integrity of cabinet hardware	X		
17	Inspect motor mounting isolators	X		
18	Check condition of pulley and belts	X		
19	Check pulley alignment	X		
20	Remove and dispose of any debris from any maintenance activity	X		
21	Document tasks performed during visit and report any observations to supervisor	X		

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:**

