

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

EXPANSION TANKS

SITE AND BLDG #: NY058-02

MECHANIC
SIGNATURE: Deen Rowe

DATE: 11/18/19

LOCATION/RM #: Boiler Room

START TIME: 12 pm

FINISH TIME: 1230pm

| Site Location | WO # | Asset # | PM # | Manufacturer | Model Number | Serial # | Asset Description | Asset Location |
|---------------|------|---------|-------------|--------------|-----------------|----------|--------------------------|----------------|
| NY058-02 | 5788 | 10159 | PM-QT-10159 | | Cat no CX84-125 | | J-12 1-pc Expansion tank | |
| NY058-02 | 5789 | 10160 | PM-QT-10160 | Therm-x-trol | | | J-12 1-pc Expansion tank | |
| | | | | | | | | |

| 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 | 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 | Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Test air pressure in tank. Ensure air pressure is at correct PSI. Correct as needed. | <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: General Maintenance Worker **Additional Notes:**

