

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FILTER REPLACEMENT**

SITE AND BLDG #: VA099-02

MECHANIC

SIGNATURE: Brian H. H. H. **DATE:** 09/10/2019

LOCATION/RM #: WO# 9658

START TIME: 2:00 pm **FINISH TIME:** 3:00 pm

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|---|---------------|----|---|
| | | YES | NO | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Check, clean, and/or replace filters as required. | ✓ | | |
| 2 | Initial and Date Filter (if disposable) | ✓ | | |
| 3 | Initial and Date Yellow Maintenance Tag (if applicable) | | ✓ | no date tag on unit |
| ASSET # | SIZE | QTY | | NOTES/ ACTIONS |
| 2385 | 20x20x2 | 6 | | Customer supplied filters |

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 Technician

Additional Notes: