

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**DEHUMIDIFIER**

SITE AND BLDG #: VA009-01

MECHANIC  
SIGNATURE: *TnC*DATE: *4/2/19*

LOCATION/RM #:

START TIME: *10 AM*FINISH TIME: *11 AM*

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
VA009-01	8245	2268		<i>HiSense</i>		132000000	J-1502000-14 1-pc Dehumidifier-	<i>ARMS ROOM</i>

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)		
		YES	NO	SPECIAL INSTRUCTIONS		
TO BE PERFORMED AT EACH INSPECTION SERVICE						
1	Check water inlet and outlet for any leaks, repair as needed.					
2	Clean and/or replace filter as needed.					
3	If applicable, check hours per usage, replace tanks as needed.					

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:**

