

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **FILTER REPLACEMENT**

SITE AND BLDG #: VA051-01

MECHANIC SIGNATURE:

DATE: 8-13-19

LOCATION/RM #: **WO# 10179**

START TIME: 10am

FINISH TIME: 3pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace filters as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Initial and Date Filter (if disposable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Initial and Date Yellow Maintenance Tag (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ASSET #	SIZE	QTY		NOTES/ ACTIONS
3015	20x20x1 washable	14		
3016				
3017				
3161				
3185	"			
3186	"			
3187	"			
3188	"			
3189	"			
3190	"			
3191	"			
3192	"			

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:

