PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
FILTER REPLACEMENT

SITE AND BLDG #: VA099-01 **MECHANIC SIGNATURE:** Troy **DATE:** 5/20/19

LOCATION/RM #: **WO#** 8561 **START TIME:** 9:00 am **FINISH TIME:** 10:00 am

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE YES	TASK COMPLETE NO	NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace filters as required.	X		All filters were replaced
2	Initial and Date Filter (if disposable)	X		All filters were dated
3	Initial and Date Yellow Maintenance Tag (if applicable)	X		

ASSET #	SIZE	QTY	NOTES/ ACTIONS
2361	16X20X2	12	
2363	12X24X2	8	
2362	16X25X2	4	

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: