

# PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST






## DEHUMIDIFIER

SITE AND BLDG #: **Rockville MD021**

MECHANIC SIGNATURE:  DATE: **4/21/22**

LOCATION/RM # **weapons vault** WO# **wo17237** ASSET # **2111**

START TIME: **12:05** FINISH TIME: **12:25**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)	
		YES	NO		
SPECIAL INSTRUCTIONS					
1	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.				
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. -Record space humidity				Space Humidity <u>31</u> %
3	If applicable, check hours per usage, replace tanks's 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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**