

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

**SITE AND BLDG #:** Gaithersburg MD013

**MECHANIC  
SIGNATURE:** 

**DATE:** 10/13/20

**LOCATION/RM #:** Arms      wo#12829      **ASSET #** 1998  
 vault

**START TIME:** 8:00

**FINISH TIME:** 8:05

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

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:** no access to vault due to COVID restrictions