

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
DEHUMIDIFIER

SITE AND BLDG #: **Gaithersburg MD013**

**MECHANIC
SIGNATURE:** 

DATE: **4/19/22**

LOCATION/RM #: **vault** **WO# 17234** **ASSET # 1998**

START TIME: **11:15**

FINISH TIME: **11:20**

| 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. |  | | Checked unit when security PM's were done. Signed and dated yellow tag. |
| 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 35 % |
| 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: