

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **FILTER REPLACEMENT**

SITE AND BLDG #: **MD005**MECHANIC
SIGNATURE: DATE: **5/7/19**LOCATION/RM #: WO# **8545**START TIME: **0900**FINISH TIME: **1630**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace filters as required.	/		
2	Initial and Date Filter (if disposable)	/		
3	Initial and Date Yellow Maintenance Tag (if applicable)	/		
ASSET #	SIZE	QTY		NOTES/ ACTIONS
1916				
1917				
1918				
1919				
1920				No filters replaced. units are not operating
1921				
1922				
1923				
1924				
1925				

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: