

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST DDC CONTROLLER

SITE AND BLDG #: WY024-356

LOCATION/RM #: _____ WO# _____ ASSET # _____

MECHANIC SIGNATURE: P. M. Lawrence DATE: 8/6/2002

START TIME: _____ FINISH TIME: _____

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE, CHECKING NO PROVIDE EXPLANATION)
		YES	NO	
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.	☒	☐	
2	Read and understand the manufacturer's instructions before making any adjustments or calibrations.	☒	☐	
3	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	☒	☐	
JOINTLY PERFORMED WITH MAINTENANCE FOR SERVICE				
1	Obtain username and password for login. If not available, contact appropriate company manager to obtain access.	☒	☐	
2	Login into system, check for any alarms currently on system. Make necessary repairs to correct alarms back to normal state.	☒	☐	CLEAN CONTROL CABINET
3	Check physical condition of the device. Shut off power to the unit. Vacuum any remaining dust. Turn power back on to the unit.	☒	☐	CHECK WIRING & RELAYS.
4	Check electrical power connections including incoming line voltage.	☒	☐	
5	Check all fuses for evidence of heating or weakening.	☒	☐	
6	Check inputs and outputs on DDC/PLC check input and output wiring connections for tightness very carefully.	☒	☐	
7	If applicable, check relays for burnt contact points.	☒	☐	
8	Check all point labels are correct and up to date, if applicable.	☒	☐	
9	Check all plug connections in the panel to ensure the plugs are fully sealed.	☒	☐	

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: HVAC Technician

Additional Notes:

ASSET # _____ WO # _____

PKA-SA-9716-9637-NECA ROOM

PKA-SA-9717-9638-ROOM 14 B

PKA-SA-9718-9639-ROOM 14 B

Page 1 of 1