

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **FILTER REPLACEMENT**

SITE AND BLDG #: WV006-02

MECHANIC SIGNATURE: *David G. Hild* **DATE:** 8-28-19

LOCATION/RM #:

WO# 10233

START TIME: 2:00 PM

FINISH TIME: 3:00 PM

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPL. ACTION)
		YES	NO	
1	Check, clean, and/or replace filters as required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Initial and Date Filter (if disposable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Initial and Date Yellow Maintenance Tag (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ASSET #	SIZE	QTY		NOTES/ ACTIONS
3200	24 x 24 x 1	1		
3201	6/4 x 6/4 x 6/4	1		
3373	Washable	1		
4689	25 x 25 x 2-1/2 / 20 x 25 x 2-2 / 20 x 20 x 2-2	2		
4690	25 x 25 x 2-1/2 / 20 x 25 x 2-2 / 20 x 20 x 2-2	2		

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:

