

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **FILTER REPLACEMENT**

SITE AND BLDG #: WV020-01

MECHANIC SIGNATURE: *Geo. E. G* **DATE:** 12 AUG 19

LOCATION/RM #: **WO# 10227**

START TIME: 12:00 PM **FINISH TIME:** 12:45 PM

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		YES	NO	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Check, clean, and/or replace filters as required.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Initial and Date Filter (if disposable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Initial and Date Yellow Maintenance Tag (if applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
ASSET #	SIZE	QTY		NOTES/ ACTIONS
3160	(4) 20x25x4 MERV8	(4)		
3167				
3168				
3171	(2) 16x25x4 MERV8	(2)		
3173				
3178				
3179				
3198				
3199				

Note: The technician performing this task is responsible for ensuring that the work is completed during PM up to \$250 (direct labor and materials) and include the Asset #, WO #, photo of the work performed, and a deficiency report. For any deficiencies found during PM, the technician must provide a deficiency report.

To be performed by
Additional Notes:

