

# **PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST** **FILTER REPLACEMENT**

**SITE AND BLDG #:** WV022-01

**MECHANIC SIGNATURE:** *[Signature]* **DATE:** 09 AUG 19

**LOCATION/RM #:** \_\_\_\_\_ **WO#** 10198

**START TIME:** 9:00A **FINISH TIME:** 10:30A

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.	<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
3056	20x25x2, 16x25x2-	12		

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:**

Page 1 of 1

