

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

**SITE AND BLDG #:** WV029-01

**MECHANIC SIGNATURE:**  **DATE:** 19 AUG 19

**LOCATION/RM #:** **WO# 10195**

**START TIME:** 8:00A **FINISH TIME:** 9:30A

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 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
3051	(8) 16x20x2			
3052				

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:**

4-20x24x2

4-16x25x2

2-10x25x2

Page 1 of 1

