

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**UNIT HEATER, INFRA-RED, RADIANT, GAS**

**SITE AND BLDG #:** WV031-02

**MECHANIC  
SIGNATURE:**

**DATE:**

**LOCATION/RM #:**

**START TIME:**

**FINISH TIME:**

Site Location	WO #	Asset #	PM #	Manufacturer	Model Number	Serial #	Asset Description	Asset Location
WV031-02	9411	4254					J-1502000-08 1-pc Unit Heater, Gas, Suspended	
WV031-02	9411	4272					J-1502000-08 1-pc Unit Heater, Gas, Suspended	
WV031-02	9411	4316					J-1502000-08 1-pc Unit Heater, Gas, Suspended	

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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.	X		
2	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	X		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	For gas/oil heaters: 1. Remove access panels if applicable. 2. Check the fire box liner or refractory for cracks and leaks. 3. Check all gas lines for leaks. Repair as needed.	X		
2	Clean dirt from heater, vacuuming is preferred.	X		

3	Check operation of gas valve.	X		
4	Check for gas leaks.	X		
5	Check operation of thermostat.	X		
6	If applicable, replace primary air intake filter.	X		
7	As needed, clean spark electrode and reset gap, replace if necessary.	X		
8	Inspect flue pipe and connections.	X		
9	If applicable, inspect and clean outside air blower and blower intake.	X		
10	Inspect unit for proper operation.	X		
11	Inspect unit for overall condition and recommend for replacement or other needed repairs.	X		

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:**

