

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
EXPANSION TANKS

SITE AND BLDG #: **WV035**MECHANIC
SIGNATURE:DATE: **3-17-2025**LOCATION/RM #: **WO# 18169 ASSET # 9300,9302** START TIME: **10:00** FINISH TIME: **3:00PM**

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|----------------------------------|-----------------------|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 1 | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. | <input checked="" type="radio"/> | <input type="radio"/> | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Examine exterior of tank including fittings and valves for leaks, signs of corrosion, and correct as needed. | <input checked="" type="radio"/> | <input type="radio"/> | |
| 2 | If applicable, Check sight glass, insure level is between 1/2 and 3/4 sight glass. Correct as needed. | <input checked="" type="radio"/> | <input type="radio"/> | |
| 3 | If applicable, check tank pressure via schrader valve. Correct as needed. | <input checked="" type="radio"/> | <input type="radio"/> | |

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 Worker

Additional Notes: