

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

**SITE AND BLDG #:** WV046-01

**MECHANIC SIGNATURE:** *Geo. E. B-*

**DATE:** 20 AUG 19

**LOCATION/RM #:** **WO# 10197**

**START TIME:** 8:00A

**FINISH TIME:** 10:30AM

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.	✓		
2	Initial and Date Filter (if disposable)	✓		
3	Initial and Date Yellow Maintenance Tag (if applicable)	✓		
ASSET #	SIZE	QTY		NOTES/ ACTIONS
3054				
3055				

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:**

(9) 16x20x2  
 (4) 20x25x2  
 (8) 20x25x2  
 (4) 20x20x2  
 (12) 20x20x1  
 (6) 16x20x1

