

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST FILTER REPLACEMENT

MECHANIC
SIGNATURE:

DATE:

FINISH TIME:

START TIME:

SITE AND BLDG #:

LOCATION/RM #:

#WO

LOCATION/RM #:	WO#	DATE	TIME	WORK	REMARKS
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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

To be performed by: General Maintenance Technician

Additional Notes: