

# CABINET HEATER

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST UNIT HEATER, HOT WATER

SITE AND BLDG #: 44024 - 356 MECHANIC SIGNATURE: [Signature] DATE: 12/2/15

LOCATION/RM #: 340 ASSET #: 340 START TIME: 12/2/15 FINISH TIME: 12/2/15

| CHECK POINT | CHECKPOINT DESCRIPTION                                                                                                                                                           | TASK COMPLETED                      |                          | NOTES/ACTIONS<br>(IF TASK COMPLETE, CHECKED NO., PROVIDE EXPLANATION) |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-----------------------------------------------------------------------|
|             |                                                                                                                                                                                  | YES                                 | NO                       |                                                                       |
| 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                       |
| 2           | Schedule shutdown with operating personnel.                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                       |
| 3           | 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="checkbox"/> | <input type="checkbox"/> |                                                                       |
| 4           | Check valve for full stroke operation in both directions, if applicable.                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | WAS 44024 F100R                                                       |
| 5           | Check valve for signs of abnormal wear and leaks. Replace packing if needed.                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | WAS 44024 AIR F100R                                                   |
| 6           | Clean the coil with vacuum cleaner.                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | YES                                                                   |
| 7           | Comb the fins as needed.                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CLEAN WATER & HOUSING                                                 |
| 8           | Clean all fans and motors.                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                       |
| 9           | Check operation of controls and safeties.                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                       |
| 10          | Lubricate as required.                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                       |
| 11          | Check all motors, belts, pulleys, shafts, etc. for alignment.                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DIRECT DRIVE                                                          |

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:

ASSET # 340 WO # 6174  
PM-FGT-9708-  
PM-SA-9708-6395