

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

FILTER REPLACEMENT

SITE AND BLDG #: NY060 - 01 **Main Building**

MECHANIC
SIGNATURE: Christopher N Pothier DATE: 12 - 30 - 19

LOCATION/RM #: Multiple **WO#** **6100**

START TIME: _____ **FINISH TIME:** _____

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.	X		
2	Initial and Date Filter (if disposable)	X		
3	Initial and Date Yellow Maintenance Tag (if applicable)	X		
ASSET #	SIZE	QTY	NOTES/ ACTIONS	
190917-390	18 x 24 x 2	1	Replaced	
190917-391	18 x 24 x 2	1	Replaced	
190917-392	18.5 x 25 x 2	1	Replaced	
190917-393	18 x 24 x 2	1	Replaced	
190917-394	18 x 24 x 2	1	Replaced	
190917-395	18 x 24 x 2	1	Replaced	
190917-396	18 x 24 x 2	1	Replaced	
190917-397	14 x 20 x 2	1	Replaced	
190917-398	18 x 24 x 2	1	Replaced	
190917-399	18.5 x 25 x 2	1	Replaced	
190917-400	18 x 24 x 2	1	Replaced	
190917-401	18 x 24 x 2	1	Replaced	
190917-402	16 x 20 x 2	1	Replaced	
190917-403	14 x 20 x 2	1	Replaced	
190917-404	18 x 24 x 2	1	Replaced	
190917-405	20 x 30 x 2	1	Replaced	
190917-406	18 x 24 x 2	1	Replaced	

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: