

Toilets flush wall mounted

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
PLUMBING FIXTURES

MECHANIC SIGNATURE: *Johnstone*

SITE AND BLDG #: *WY024-356*

DATE: *7/8/15*

LOCATION/RM #: WO# ASSET #

START TIME: FINISH TIME:

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETED		NOTES/ ACTIONS (IF TASK COMPLETE IS 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	TO BE PERFORMED AT EACH INSPECTION SERVICE			
1	SINKS - Operate faucets, inspect for leaks, replace washers/"O" rings as necessary. Observe drain flow, clean trap if obstructed. Replace filter as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	SHOWER HEADS, MIXING VALVES - Check shower for damaged, missing, or leaking heads; replace as required. Check mixing valves for damaged or missing parts; replace washers as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	SHOWER STALLS - Check for leaks, cracks, significant wear or vandalism.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	TOILETS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps, seat supports, and replace.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clean plumbing fixtures Replaced toilet seat
5	URINALS - Flush and adjust water flow if required. Inspect for leaks, missing or damaged parts/caps and replace.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	OTHER MISCELLANEOUS FIXTURES - Clean and inspect for any damage. Check for leaks, missing or damaged parts, caps, etc. Replace as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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:

Assesment - WO#

Prk-AW-9735-4477 - 2nd floor mens room

Prk-AW-9738-4480 - 2nd floor women room

Prk-AW-9740-4482 - 2nd floor

Prk-AW-9743-4485 - 1st floor mens room - none sensor

Prk-AW-9751-4493 - 1st floor women room