

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**PLUMBING FIXTURES**

**SHOWERS**

**SITE AND BLDG #:** 09024 - 356

**MECHANIC**  
**SIGNATURE:** M. Holmes

**DATE:** 7/17/15

**LOCATION/RM #:** W0# 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"/>	
	<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>			
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"/>	
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:**

Asset # W0#

PK-AW-9741 - 4483 - 2nd floor men's room  
PK-AW-9745 - 4491 - 1st floor men's room  
PK-AW-9750 - 4492 - 3rd shower bay