

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
VAV BOX

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

MECHANIC
SIGNATURE: *Christopher N Pothier* **DATE:** 3 - 18 - 20

LOCATION/RM #: Room 103 **WO#** 7675 **ASSET #** 190917-382

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

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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.	X		
2	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	X		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	If EMS system permits, check that the operating controls activate damper per design specifications.	X		
2	If required, check damper linkage for tightness and lightly lubricate.	X		
3	If required, inspect dampers for free movement.	X		
4	If required, inspect actuators for tightness to mounting brackets.	X		
5	As needed, tighten electrical connections to servo motor.	X		
6	Inspect unit for overall condition and recommend for replacement or other needed repairs.	X		

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: HVAC Technician

Additional Notes:

These units are listed as heat pumps, but they are the same units as the VAVs.

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SITE AND BLDG #: NY060 - 01 Main Building

MECHANIC
SIGNATURE: *Christopher N Pothier* **DATE:** 3 - 18 - 20

LOCATION/RM #: Storage **WO#** 7675 **ASSET #** 190917-378

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

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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.	X		
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1	If EMS system permits, check that the operating controls activate damper per design specifications.	X		
2	If required, check damper linkage for tightness and lightly lubricate.	X		
3	If required, inspect dampers for free movement.	X		
4	If required, inspect actuators for tightness to mounting brackets.	X		
5	As needed, tighten electrical connections to servo motor.	X		
6	Inspect unit for overall condition and recommend for replacement or other needed repairs.	X		

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VAV BOX

SITE AND BLDG #: NY060 - 01 Main Building

MECHANIC
SIGNATURE: *Christopher N Pothier* **DATE:** 3 - 18 - 20

LOCATION/RM #: Rm 244 **WO#** 7675 **ASSET #** 190917-379

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

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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.	X		
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TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	If EMS system permits, check that the operating controls activate damper per design specifications.	X		
2	If required, check damper linkage for tightness and lightly lubricate.	X		
3	If required, inspect dampers for free movement.	X		
4	If required, inspect actuators for tightness to mounting brackets.	X		
5	As needed, tighten electrical connections to servo motor.	X		
6	Inspect unit for overall condition and recommend for replacement or other needed repairs.	X		

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VAV BOX

SITE AND BLDG #: NY060 - 01 Main Building

MECHANIC
SIGNATURE: *Christopher N Pothier* **DATE:** 3 - 18 - 20

LOCATION/RM #: Storage **WO#** 7675 **ASSET #** 190917-380

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

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
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MECHANIC
SIGNATURE: *Christopher N Pothier* **DATE:** 3 - 18 - 20

LOCATION/RM #: Storage **WO#** 7675 **ASSET #** 190917-381

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

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
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