

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**FILTER REPLACEMENT**

**SITE AND BLDG #:** ny024-208

**MECHANIC:** Ramon V  
**SIGNATURE:**

**DATE:** 9-9-2020

**LOCATION/RM #:** 217

**WO#**

ny024-9959-9961-10163-10165

**START TIME:**

**FINISH TIME:**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
1	Check, clean, and/or replace filters as required.			
2	Initial and Date Filter (if disposable)			
3	Initial and Date Yellow Maintenance Tag (if applicable)			
ASSET #	SIZE	QTY	NOTES/ ACTIONS	
9610	20x20x2	4	replace	
9612	16x25x2	2	replace	

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:**