

PREVENTIVE MAINTENANCE EQUIPMENT LIST

HVAC

Identification (Brand/Model):
Type of Equipment:
Location of System:
Filter Type or Number:

Filters will be changed every 60 days at a minimum or as needed. During filter change, belt will be inspected and replaced if warranted. Parts will be lubricated if warranted.

Filter Change:

January____, 20____	Belt Replaced or tightened ____Yes ____No	Lubricating Required ____Yes ____No
Comment:		
Signature:		

March____, 20____	Belt Replaced or tightened ____Yes ____No	Lubricating Required ____Yes ____No
Comment:		
Signature:		

May____, 20____	Belt Replaced or tightened ____Yes ____No	Lubricating Required ____Yes ____No
Comment:		
Signature:		

July_____, 20_____	Belt Replaced or tightened ____Yes ____No	Lubricating Required ____Yes ____No
Comment:		
Signature:		

Sept. _____, 20_____	Belt Replaced or tightened ____Yes ____No	Lubricating Required ____Yes ____No
Comment:		
Signature:		

Nov. _____, 20_____	Belt Replaced or tightened ____Yes ____No	Lubricating Required ____Yes ____No
Comment:		
Signature:		

Condenser:

Clean, Inspect and Lubricate.

July _____, 20_____	Signature:
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Heat Exchanger Inspection (Annually):

- Clean burner.
- Inspect flue pipe for connections and obstructions.
- Inspect cords.
- Inspect safety controls.

Sept. _____, 20_____	Signature:
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Parts used:

Jan. parts used:
Feb. parts used:
Mar. parts used:
April parts used:
May parts used:
June parts used:
July parts used:
Aug. parts used:
Sept. parts used:
Oct. parts used:
Nov. parts used:
Dec. parts used:

Stoves/Ovens/Grills/Vent Hoods

Stoves, ovens, grills, and vent hoods will be inspected and serviced monthly.

Location:
Type of Equipment:
Brand and Model:

- Check for gas leaks.
- Inspect electrical cords.
- Clean and inspect pilots.
- Clean/pick/brush all burners and orifices.
- Inspect controls and switches.
- Inspect and clean ducts.
- Inspect and clean exhaust fans.

Jan. _____, 20____ Signature:
Comment:
Feb. _____, 20____ Signature:
Comment:
March _____, 20____ Signature:
Comment:
April _____, 20____ Signature:
Comment:
May _____, 20____ Signature:
Comment:

June _____, 20_____ Signature:
Comment:
July _____, 20_____ Signature:
Comment:
August _____, 20_____ Signature:
Comment:
September _____, 20_____ Signature:
Comment:
October _____, 20_____ Signature:
Comment:
November _____, 20_____ Signature:
Comment:
December _____, 20_____ Signature:
Comment:

Facility Laundry

The facility industrial washers and dryers will be inspected and serviced quarterly.

Identification (Brand/Model):
Type of Equipment:
Location of System:

Clean:

- Inspect ducts for lint build up.
- Inspect and replace belt.
- Inspect safety controls.
- Inspection for water leaks.
- Inspect for gas leaks.

January____, 20____	Belt Replaced? ____Yes ____No
Comments/Parts Used:	
Signature:	

April____, 20____	Belt Replaced? ____Yes ____No
Comments/Parts Used:	
Signature:	

July_____, 20_____	Belt Replaced? ____Yes ____No
Comment/Parts Used:	
Signature:	

October_____, 20_____	Belt Replaced? ____Yes ____No
Comment/Parts Used:	
Signature:	

Ice Machines

Ice machines will require monthly inspections and cleaning.

Location:
Brand and Model:
Filter Number:

- Clean evaporator.
- Change filter.
- Clean condenser on Air Cooled machines.
- Vacuum and/or blow out lint build up.
- Lubricate if required.
- Inspect seals.

Jan. _____, 20____ Signature:
Comment/Parts Used:
Feb. _____, 20____ Signature:
Comment/Parts Used:
March _____, 20____ Signature:
Comment/Parts Used:
April _____, 20____ Signature:
Comment/Parts Used:
May _____, 20____ Signature:
Comment/Parts Used:

June _____, 20____ Signature:

Comment/Parts Used:
July _____, 20_____ Signature:
Comment/Parts Used:
August _____, 20_____ Signature:
Comment/Parts Used:
September _____, 20_____ Signature:
Comment/Parts Used:
October _____, 20_____ Signature:
Comment/Parts Used:
November _____, 20_____ Signature:
Comment/Parts Used:
December _____, 20_____ Signature:
Comment/Parts Used:

Boiler and Hot Water Tanks

Boilers and hot water tanks will require annual service and inspection dates determined by the facility.

Location:
Type of Equipment:
Manufacturer/Brand:

- Annual Oklahoma Department of Labor Inspection.

Date:
Maintenance Staff Escort:
Inspector Signature:

- Annual burner, heat exchanger and tube cleaning and inspection.

Date:
Maintenance Staff Escort:
Inspector Signature:

Comment/Parts Used:

Cameras

Cameras will be serviced quarterly. Camera times will be adjusted to the atomic clock whereby time may be verified via the internet.

Location of Camera:
Brand and Model:

- Domes cleaned inside and outside.

January____, 20____
Signature:

April____, 20____
Signature:

July____, 20____
Signature:

October____, 20____
Signature:

- Time Synchronized.
- Camera Focused.

January____, 20____
Signature:

April____, 20____
Signature:

July_____, 20_____
Signature:

October_____, 20_____
Signature:

- Additional repair assessments made through assessing wiring, housing, brackets, connections, etc. Upon development of potential problems, a Cherwell request will be submitted.

Date Cherwell Request Completed:
Comments:
Cherwell Incident Number:

Emergency Generators

Emergency generators start and run weekly, Additional service for the preventative maintenance will include:

Location:
Make/Model:
Fuel Type:
Oil Filter Number:
Gas Filter Number:
Oil Type and Weight:
Air Filter:

- Bi-Annual Fuel inspection and servicing.

Additive and amt. used:
Filter changed if warranted (circle one) Yes or No.
Gallons of Fuel Added to tank:

- Oil changed annually or at a minimum per manufacturer's recommendation but not to exceed maximum run hours.

Oil change: Nov._____, 20____ Staff Signature:
Air filter change: Nov._____, 20____ Staff Signature:

- Additional oil change/air filter change (if maximum run hours is exceeded).

Oil change - Date:	Staff Signature:
Air filter change - Date:	Staff Signature:

- Load test of all switching gears with utility company.

June _____, 20_____
Staff Signature:
Utility Company Signature:

Jan. _____, 20_____ Signature:

Comment/Parts Used:

Feb. _____, 20_____ Signature:

Comment/Parts Used:

March _____, 20_____ Signature:

Comment/Parts Used:

April _____, 20_____ Signature:

Comment/Parts Used:

May _____, 20_____ Signature:

Comment/Parts Used:

June _____, 20_____ Signature:

Comment/Parts Used:

July _____, 20_____ Signature:

Comment/Parts Used:

August _____, 20____ Signature:
Comment/Parts Used:
September _____, 20____ Signature:
Comment/Parts Used:
October _____, 20____ Signature:
Comment/Parts Used:
November _____, 20____ Signature:
Comment/Parts Used:
December _____, 20____ Signature:
Comment/Parts Used:

Fire Hydrants

Fire hydrants will be serviced and inspected annually inside facility perimeters. Hydrants will be opened and flowed for one minute in August.

Location:
Opened and flowed – August_____, 20_____
Signature:
Comments/Part Used:

Facility Specific Equipment

Equipment:
Location:
Brand and Model:
Preventive Maintenance Required:
Parts Used:
Date:
Signature:

Equipment:
Location:
Brand and Model:
Preventive Maintenance Required:
Parts Used:
Date:
Signature:

Equipment:
Location:
Brand and Model:
Preventive Maintenance Required:
Parts Used:
Date:
Signature:

Vehicles and Equipment

Vehicles and Equipment will normally be inspected and serviced monthly.

Location:
Make/Model/Year:
Tag Number/Vehicle ID Number:
VIN Number:

January____, 20____	Current Mileage:
Comments:	
Signature:	

February____, 20____	Current Mileage:
Comments:	
Signature:	

March____, 20____	Current Mileage:
Comments:	
Signature:	

April____, 20____	Current Mileage:
Comments:	
Signature:	

May____, 20____	Current Mileage:
Comments:	
Signature:	

June_____, 20_____	Current Mileage:
Comments:	
Signature:	

July_____, 20_____	Current Mileage:
Comments:	
Signature:	

August_____, 20_____	Current Mileage:
Comments:	
Signature:	

September_____, 20_____	Current Mileage:
Comments:	
Signature:	

October_____, 20_____	Current Mileage:
Comments:	
Signature:	

November_____, 20_____	Current Mileage:
Comments:	
Signature:	

December_____, 20_____	Current Mileage:
Comments:	
Signature:	