

DATE	
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EQUIPMENT ID NUMBER	
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GENERAL INFORMATION

Building/Facility		Completed By	
Department/Area		Reviewed By	

EQUIPMENT INFORMATION

Equipment Name		Installation Date	
Equipment ID Number		Estimated Age	
Equipment Type		Capacity/Tonnage	
Manufacturer		Voltage/Power Requirements	
Model Number		Refrigerant Type (if applicable)	
Serial Number		Warranty Expiration	
Location		Service Area Covered	

PRIORITY LEVEL

High	Medium	Low
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CURRENT CONDITION ASSESSMENT

Visual Condition		Temperature Consistency	
Noise/Vibration		Electrical Condition	
Corrosion/Rust		Drainage Condition	
Airflow/Performance		Safety Concerns	

DOCUMENTATION CHECKLIST

Specifications		Startup/Commissioning Reports
Warranty Documents		Inspection Reports
O&M Manuals		Previous Service Records
Budget Documents		Other

PREVENTIVE MAINTENANCE TASKS

Task	Frequency	Assigned To	Last Completed	Next Due
Conduct general visual inspection	Weekly			
Check for leaks/moisture	Weekly			
Inspect for cleanliness/access	Weekly			
Run equipment through general operation	Monthly			
Inspect for unusual noise/vibration	Monthly			
Inspect or replace filters	Monthly/Quarterly			
Verify drains area clear	Quarterly			
Review vendor inspection reports	Quarterly			
Schedule annual vendor service	Annual			
Document operational concerns/recurring issues	Ongoing			

