

PREVENTATIVE MAINTENANCE (PM)

(Circle one)

Create New PM

Delete PM

Adjust Start Date

OTHER

DESCRIPTION OF REQUEST: _____

Assigned Craft/Shop _____

BLDG NAME: _____ BLDG No.: _____

Type of Equipment: _____ Equipment Location: _____

Date of Installation: _____

Special TAG #: _____

Equipment Manufacturer: _____

FREQUENCY OF PM (circle one)

Weekly Monthly Quarterly Semi-Annual Annual Other _____

START DATE OF PM: _____

Description or COMMENTS to include on PM:

Submitted by _____ Phone # _____

Radio # _____ SHOP/CRAFT _____