

PREVENTIVE MAINTENANCE CHECKLIST - TRAINING PROJECTOR

(FORM 4)

FACILITY NAME : _____

DEPT / LOCATION : _____

STATE : _____

ZONE : _____

PAT ID: _____ SERIAL NO: _____	Missing/Unallocated : <input type="checkbox"/> Loaned Item : <input type="checkbox"/> Relocated : <input type="checkbox"/> New Location : _____
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PART I - HARDWARE , CABLING & CONNECTIVITY (INSPECTION & PHYSICAL HEALTH CHECK)

STANDARD TASK :	Function	Not Function & Resolved	Not Function & Unresolved	
			Alert	Ticket No
Cable & Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fan/ Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light bulb life operation time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean the filter on air intake	<input type="checkbox"/>			

If Alert is tick (v), fill in & elaborate details in FINDINGS / COMMENTS /DETECTION session.

PART II - FINDINGS / COMMENTS / DETECTIONS	FURTHER ACTION / RECOMMENDATION

PART III - ACKNOWLEDGEMENT	PLSB
CUSTOMER Customer Signature & Stamp Customer Name Date	PLSB Engineer & Stamp Engineer Name Date

