

ATTACHMENT A
MONTHLY MAINTENANCE CHECKLIST

DATE:	MODEL:
LOCATION OF UNIT:	SERIAL #:
MANUFACTURER/TYPE:	FLOOR:

MONTHLY MAINTENANCE CHECKLIST & REPORT

	<i>Completed</i> ✓		<i>Comments</i>
	Yes	No	
Cleaned and/or replaced filters at location?			
Greased and lubricated all motors, bearings, etc.?			
Checked all controls for proper settings?			
Checked all refrigerant pressures to be in the proper operating ranges?			
Checked voltages are in proper operating range?			
Checked all electrical connections for corrosion? Contacts are secure?			
Checked for temperature drop across coils?			
Checked belt tension and condition of belts? Replaced when needed?			
Checked for signs of refrigerant leaks?			
Checked for proper amperage draw on all compressors and motors?			
Cleaned all drain pans and condensate lines? Added chlorine tablets or equivalent to drain pans?			
Cleaned condenser coils?			
Cleaned Air Handler unit and evaporator coils?			
Cleaned debris (leaves, etc.) from inside & around compressor unit?			
Checked oil levels and changed oil?			
Checked dampers, damper activators, linkages?			
Maintain chiller pumps as per manuf. spec.?			
Checked operability of heat strips?			

Replacement Parts used?

During monthly maintenance, visual inspections are required. If the Contractor finds any conditions that require immediate attention, the Contractor shall immediately notify the City's authorized representative.

Name of Technician Completing Services

City Authorized Representative Approval

Date

Date