THERMA
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PREVENTIVE MAINTENANCE HVAC CHECKLIST

Company Name: _____ Work Order #: _____

Equipment ID.: _____ Date: _____

SOP No.: _____ Performed By: _____

SOP Effective Date: ___/___/___ Reviewed By Client: _____

Section		Complete Check & Initials
6	SAFETY - Check the step performed _____ Level(1) ☐ 6.1 ☐ 6.2 ☐ 6.3 ☐ 6.4 ☐ 6.5	☐ _____
11	MONTHLY - Check the step performed _____ Level(1) ☐ 11.1 ☐ 11.2 ☐ 11.3 ☐ 11.4 ☐ 11.5 ☐ 11.6 ☐ 11.7 ☐ 11.8 ☐ 11.9 ☐ 11.10 ☐ 11.11 ☐ 11.12	☐ _____
10	QUARTERLY - Check the step performed _____ Level(1) ☐ 10.1 ☐ 10.2 ☐ 10.3 ☐ 10.4 ☐ 10.5 ☐ 10.6 ☐ 10.7 ☐ 10.8 ☐ 10.9 ☐ 10.10 ☐ 10.11 ☐ 10.12	☐ _____
9	SEMIANNUAL - Check the step performed _____ Level(1) ☐ 9.1 ☐ 9.2 ☐ 9.3 ☐ 9.4 ☐ 9.5 ☐ 9.6 ☐ 9.7 ☐ 9.8 ☐ 9.9 ☐ 9.10 ☐ 9.11 ☐ 9.12	☐ _____
8	ANNUAL - Check the step performed _____ Level(1) ☐ 8.1 ☐ 8.2 ☐ 8.3 ☐ 8.4 ☐ 8.5 ☐ 8.6 ☐ 8.7 ☐ 8.8 ☐ 8.9 ☐ 8.10 ☐ 8.11 ☐ 8.12 ☐ 8.13 ☐ 8.14	☐ _____
	Make entry in Equipment Maintenance Log, Form 8.001.1.	☐ _____

Record test values (when applicable) in the following table. If more than three (3) items, please continue to record in a blank paper.

No.	Filter Differential Pressure (ΔP), In. W.G.	Amperage (A)
1		
2		
3		

Completion: Does this SOP accurately and adequately describe the correct maintenance requirements of this equipment? Yes ____ No ___ If NOT, please explain: _____

Note: (1) = Enter the highest step number in each section performed