



ROUTING NO:		CLIENT	
DEVICE TYPE:			
MANUFACTURER			
MODEL		SERIAL NO:	

P.M. TYPE	MAJOR <input type="checkbox"/>	MINOR <input type="checkbox"/>
TECHNICIAN		DATE:

### QUALITATIVE TESTS

SECTION 1			
1	TEST	PASS	FAIL
1.1	CHASSIS/HOUSING	<input type="checkbox"/>	<input type="checkbox"/>
1.2	MOUNT/FASTNERS	<input type="checkbox"/>	<input type="checkbox"/>
1.4	AC PLUG/RECEPTICLES	<input type="checkbox"/>	<input type="checkbox"/>
1.5	LINE CORD	<input type="checkbox"/>	<input type="checkbox"/>
1.6	STRAIN RELIEFS	<input type="checkbox"/>	<input type="checkbox"/>
1.7	CIRCUIT BREAKERS	<input type="checkbox"/>	<input type="checkbox"/>
1.9	CABLES	<input type="checkbox"/>	<input type="checkbox"/>
1.10	FITTINGS/CONNECTORS	<input type="checkbox"/>	<input type="checkbox"/>
1.13	CONTROLS/SWITCHS	<input type="checkbox"/>	<input type="checkbox"/>
1.15	MOTOR/FAN/PUMP	<input type="checkbox"/>	<input type="checkbox"/>
1.18	INDICATORS/DISPLAYS	<input type="checkbox"/>	<input type="checkbox"/>
1.20	ALARMS/INTERLOCKS	<input type="checkbox"/>	<input type="checkbox"/>
1.21	AUDIBLE SIGNALS	<input type="checkbox"/>	<input type="checkbox"/>
1.22	LABELING	<input type="checkbox"/>	<input type="checkbox"/>
1.23	ACCESSORIES	<input type="checkbox"/>	<input type="checkbox"/>
1.24	CLEAN INTERIOR	<input type="checkbox"/>	<input type="checkbox"/>
1.25	NO INTERIOR DAMAGE	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2			
2	TEST		
2.1	GROUND RESISTANCE		mΩ
2.2	LEAKAGE CURRENT		μ A
2.3	REVERSE FORCE		LBS
2.11	REVERSE ACCURACY CHECK ( <i>IN DEGREES</i> )		
	SET	ACTUAL	

SECTION 3		
3	P.M.	DONE
3.1	CLEAN	<input type="checkbox"/>
3.2	LUBRICATE	<input type="checkbox"/>
3.3	CAL / ADJUST	<input type="checkbox"/>

COMMENTS:

NEXT P.M. DUE	
P.M. SHEET COMPLETED BY:	DATE: