



Maricopa County Air Quality Department
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GENERIC PREVENTATIVE MAINTENANCE CHECKLIST

Business Name: _____ Equipment Identification: _____

Date _____ **Technician** _____

<u>Daily Procedures</u>	<u>Results</u>	<u>Action Taken</u>

<u>Weekly Procedures</u>	<u>Results</u>	<u>Action Taken</u>

<u>Monthly Procedures</u>	<u>Results</u>	<u>Action Taken</u>

<u>Quarterly Procedures</u>	<u>Results</u>	<u>Action Taken</u>

<u>Semi-Annual Procedures</u>	<u>Results</u>	<u>Action Taken</u>

COMMENTS:

