

PREVENTIVE MAINTENANCE (PM) FOR MONTH OF (JANUARY 2025)										PLAN PREPARED DATE:		Service Provider Signature:					DACO Director Signature:					NABATAT SECTION																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
S.NO	System	Sub-System	Equipment Tag Number	Equipment Description	Criticality (High, Medium, Low)	PM Description	Reference (check list number)	PM Frequency	Work Location					Planned Details					Status	Actual Details					Remarks	DACO INSPECTOR SECTION					NABATAT SECTION																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
									FACILITY CODE	FACILITY NAME	LEVEL	ROOM #	ROOM NAME	Planned Manhours (Mhrs)	No. of Person(s)	Spare Parts required	NOTAM Required	Outage Required		Log Number #	Actual Manhours (Mhrs)	Actual date	Actual Time	No. of Person(s)		Spare Parts Used	APPROVE	REJECT	REMARKS	INSPECTOR NAME	INSPECTOR SIGNATURE	ASSIGN PERSONNEL	EMAIL	2025																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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