

|  | <b>SERVICE REPORT PREVENTIVE<br/>MAINTENANCE<br/>DEHUMIDIFIER</b> | FORM NO.<br><br><br>     |         |           |                            |            |                |          |         |                                 |   |        |   |   |
|--|---|--------------------------|---------|-----------|----------------------------|------------|----------------|----------|---------|---------------------------------|---|--------|---|---|
| <b>Tipe Form PM12</b>  |   |                          |         |           |                            |            |                |          |         |                                 |   |        |   |   |
| Team Engineer List :   | Date :  | Start PM :<br>Close PM : |         |           |                            |            |                |          |         |                                 |   |        |   |   |
| <b>SPESIFIKASI UNIT</b>  |   |                          |         |           |                            |            |                |          |         |                                 |   |        |   |   |
| Unit 1   | Unit 2  | Unit 3                   |         |           |                            |            |                |          |         |                                 |   |        |   |   |
| Lokasi : 1   | Lokasi : 1  | Lokasi : 1               |         |           |                            |            |                |          |         |                                 |   |        |   |   |
| Code unit : 1  | Code unit : 1   | Code unit : 1            |         |           |                            |            |                |          |         |                                 |   |        |   |   |
| No. Unit : 1   | No. Unit : 1  | No. Unit : 1             |         |           |                            |            |                |          |         |                                 |   |        |   |   |
| Model : 1  | Model : 1   | Model : 1                |         |           |                            |            |                |          |         |                                 |   |        |   |   |
| No. Seri : 1   | No. Seri : 1  | No. Seri : 1             |         |           |                            |            |                |          |         |                                 |   |        |   |   |
| Capasatiy : 1  | Capasatiy : 1   | Capasatiy : 1            |         |           |                            |            |                |          |         |                                 |   |        |   |   |
| <b>TASK LIST</b>   |   |                          |         |           |                            |            |                |          |         |                                 |   |        |   |   |
| No.  | Item Checked  | Freq.                    | Unit 1  |           | Unit 2                     |            | Unit 3         |          |         |                                 |   |        |   |   |
|  |   |                          | Standar | Actual    | Standar                    | Actual     | Standar        | Actual   |         |                                 |   |        |   |   |
| INTENSIVE SAFETY BRIEFING TEAM      ? OK      ? NOT OK         |   |                          |         |           |                            |            |                |          |         |                                 |   |        |   |   |
| 1  | Cleaning air filter   | 1                        | 1       | 1         | 1                          | 1          | 1              | 1        |         |                                 |   |        |   |   |
| 2  | Check honeycombe wheel  | 1                        | 1       | 1         | 1                          | 1          | 1              | 1        |         |                                 |   |        |   |   |
| 3  | Check heating element   | 1                        | 1       | 1         | 1                          | 1          | 1              | 1        |         |                                 |   |        |   |   |
| 4  | Check thermistor  | 1                        | 1       | 1         | 1                          | 1          | 1              | 1        |         |                                 |   |        |   |   |
| 5  | Check drive motor   | 1                        | 1       | 1         | 1                          | 1          | 1              | 1        |         |                                 |   |        |   |   |
| 6  | Check Upper & Lower Seal  | 1                        | 1       | 1         | 1                          | 1          | 1              | 1        |         |                                 |   |        |   |   |
| 7  | Check Reactivation Outlet Temperature                             | 1                        | 1       | 1         | 1                          | 1          | 1              | 11       |         |                                 |   |        |   |   |
| <b>SERVICE CHECKED</b>   |   |                          |         |           |                            |            |                |          |         |                                 |   |        |   |   |
| Unit   | Condition   | Reactivation Temp.       |         | Air Temp. |                            | H.C. Cond. | Reac. Air Flow | Air Flow | Voltage |                                 |   | Ampere |   |   |
|  |   | In                       | Out     | In        | out                        |            |                |          | R       | S                               | T | R      | S | T |
| 1  | Before  |                          |         |           |                            |            |                |          |         |                                 |   |        |   |   |
|  | Standard  |                          |         |           |                            |            |                |          |         |                                 |   |        |   |   |
|  | After   |                          |         |           |                            |            |                |          |         |                                 |   |        |   |   |
| 2  | Before  |                          |         |           |                            |            |                |          |         |                                 |   |        |   |   |
|  | Standard  |                          |         |           |                            |            |                |          |         |                                 |   |        |   |   |
|  | After   |                          |         |           |                            |            |                |          |         |                                 |   |        |   |   |
| 3  | Before  |                          |         |           |                            |            |                |          |         |                                 |   |        |   |   |
|  | Standard  |                          |         |           |                            |            |                |          |         |                                 |   |        |   |   |
|  | After   |                          |         |           |                            |            |                |          |         |                                 |   |        |   |   |
| <b>NOTES</b>   |   |                          |         |           |                            |            |                |          |         |                                 |   |        |   |   |
| Temuan :   |   |                          |         |           |                            |            | Rekomendasi :  |          |         |                                 |   |        |   |   |
| <b>RESUME</b>  |   |                          |         |           |                            |            |                |          |         |                                 |   |        |   |   |
| <b>JOB COMPLETED ?    ? YES ? NO, please check on</b><br>NOTES |   |                          |         |           |                            |            |                |          |         | <b>RUNNING HOURS :</b>          |   |        |   |   |
| <b>APPROVAL SIGNING</b>  |   |                          |         |           |                            |            |                |          |         |                                 |   |        |   |   |
| Approved by<br>ISS,  |   |                          |         |           | Verified By<br>Supervisor, |            |                |          |         | Service By<br>Team Leader/Staf, |   |        |   |   |
| ( _____ )<br>No. HP.   |   |                          |         |           | ( _____ )<br>No. HP.       |            |                |          |         | ( _____ )<br>No. HP.            |   |        |   |   |

Keterangan : Lembar 1 untuk Teknisi; Lembar 2 untuk User; Lembar 3 Arsip Kantor