

SERVICE REPORT PREVENTIVE MAINTENANCE CHILLER CENTRIFUGAL

FORM NO.

Type Form PM18

Lokasi :	Model Unit :	Team Engineer List :	Date :
Code unit :	No. Seri :		Start PM :
Nomor Unit :	Periode :		Close PM :

CHECKLIST TEAM BRIEFING**INTENSIVE SAFETY BRIEFING TEAM**

? OK ? NOT OK

TASKLIST

	Item Checked	Freq	Std. Condition	Actual Checked		Remark
				Before	After	
1. Cleaning Strainer Chilled Water						
2. Cleaning Condenser						
3. Cleaning evaporator						
4. Cleaning Fan Blower						
5. Cleaning body						
6. Check Refrigerant						
7. Check & Cleaning all sensor						
8. Check & cleaning control panel chiller						

SERVICE CHECK

Sub Eq.	Item Checked		UoM	Freq	Standard Condition	Actual Checked	Sub Eq.	Item Checked		UoM	Freq	Standard Condition	Actual Checked
STATUS	1. Status Running		ON/OFF				CONDENSER	1. Cond Entering Water Temp		°C			
	2. Set Point Cool Ewt		°C					2. Cond Leaving Water Temp		°C			
	3. Set Point Cool Lwt		°C					3. Cond Delta Temp		°C			
	4. Base Demand Limit		%					4. Condenser Temp		°C			
	5. Vane Position		%					5. Condenser Pressure		KPA			
COMPRESSOR	1. Load Ampere		%				DISCHARGE	6. Condenser Approach		°C			
	2. Ampere Nameplate : 780 A	L1	Ampere					7. Discharge Temp		°C			
		L2	Ampere					8. Condenser Delta Press		PSI			
		L3	Ampere					1. Oil Pressure		KPA			
	3. Voltage Nameplate : 380 V	L1	VOLT					2. Sump Temp		°C			
		L2	VOLT					3. Bearing Temp		°C			
		L3	VOLT					4. Oil Level			not found or type unknown		
4. Motor Winding Temperature		°C				OIL	5. Ampere						
							Nameplate : 2.5 A		L1	Ampere			
									L2	Ampere			
COOLER	1. Cool Entering Water Temp		°C						L3	Ampere			
	2. Cool Leaving Water Temp		°C				Checklist History PM ? OK ? NOT OK						
	3. Cooler Delta Temp		°C				RUNNING HOURS :						
	4. Cooler Temp		°C										
	5. Suction Pressure		KPA										
	6. Cooler Approach		°C										
	7. Cooler Delta Press		PSI										

NOTES

Temuan :

Rekomendasi :

APPROVAL SIGNING**RESUME**

Approved by		Verified By		Service By		JOB COMPLETED ?
ISS,		Supervisor,		Team Leader/Staf,		
(_____)		(_____)		(_____)		
No. HP.		No. HP.		No. HP.		? YES
						? NO, please check on NOTES

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