

SERVICE REPORT PREVENTIVE MAINTENANCE CHILLER CENTRIFUGAL										FORM NO.			
Tipe 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													
TASKLIST													
	Item Checked		Freq	Std. Condition	Actual Checked		Remark						
					Before	After							
	1. Cleaning Strainer Chilled Water		1	1	1	1							
	2. Cleaning Condenser		1	1	1	1							
	3. Cleaning evaporator		1	1	1	1							
	4. Cleaning Fan Blower		1	1	1	1							
	5. Cleaning body		1	1	1	1							
	6. Check Refrigerant		1	1	1	1							
	7. Check & Cleaning all sensor		1	1	1	1							
	8. Check & cleaning control panel chiller		1	1	1	1							
SERVICE CHECK													
Sub Eq.	Item Checked		UoM	Freq	Standard Condition	Actual Checked	Sub Eq.	Item Checked		UoM	Freq	Standard Condition	Actual Checked
S T A T U S	1. Status Running		ON/OFF	1	1	1	C O N D E N S E R	1. Cond Entering Water Temp		°C			
	2. Set Point Cool Ewt		°C	1	1	1		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			
C O M P R E S S O R	1. Load Ampere		%				O I L	1. Oil Pressure		KPA			
	2. Ampere Nameplate : 780 A	L1	Ampere					2. Sump Temp		°C			
		L2	Ampere					3. Bearing Temp		°C			
		L3	Ampere					4. Oil Level					
	3. Voltage Nameplate : 380 V	L1	VOLT					5. Ampere Nameplate : 2,5 A		L1	Ampere		
L2		VOLT						L2	Ampere				
L3		VOLT						L3	Ampere				
4. Motor Winding Temperature		°C				Checklist History PM ? OK ? NOT OK RUNNING HOURS :							
C O O L E R	1. Cool Entering Water Temp		°C										
	2. Cool Leaving Water Temp		°C										
	3. Cooler Delta Temp		°C										
	4. Cooler Temp		°C										
	5. Suction Pressure		KPA										
	6. Cooler Aproach		°C										
	7. Cooler Delta Press		PSI										
NOTES													
Temuan :						Rekomendasi :							
APPROVAL SIGNING													
Approved by				Verified By				Service By				RESUME	
ISS,				Supervisor,				Team Leader/Staf,				JOB COMPLETED ? ? YES ? NO, please check on NOTES	
(_____) No. HP.				(_____) No. HP.				(_____) No. HP.					

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