Maintenance and Operation Department

Monthly Form for Periodic Preventive Maintenance for Chillers

Building Name and No.:			
Date Checked:			
Maintenance Action		Check Status	Notes
Compressor	Oil Level		
	Oil Pressure		
	Oil Temperature		
	Intake Temperature		
	Discharge Temperature		
	Gallon-Added Oil		
Motor	Voltage		
	Amps		
Cooler	Freon Intake Pressure		
	Liquid in Temperature Liquid out Temperature		
	Liquid in Pressure		
	Liquid out Pressure		
	Liquid Flow Rate		
Condenser	Freon Discharge Pressure		
	Freon Corresponding Temperature		
	Freon Liquid Temperature		
	Water/ Air in Temperature		
	Water/ Air out Temperature		
	Water/ Air in Pressure		
	Water/ Air out Pressure		
	Water/ Flow Rate		
	Unusual Sounds or Vibration		
Site Supervisor		Technician	
Name:		Name:	
Signature:		Signature:	

Number: _____ Date: _____