

FORM 5-05 CENTER PREVENTIVE MAINTENANCE PLAN (PMP) CHECKLIST

Center Preventive Maintenance Plan (PMP) Checklist



Center Name:	
Center Address:	
Center Operator:	
Regional Office COR:	
Reviewed By:	
Review Date:	

GENERAL REVIEW

Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes quantity and qualifications of maintenance staff?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan provides list of qualified vendors that will be used to provide maintenance activities?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes how the center will address health and safety requirements for maintenance activities?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan describes how Computerized Maintenance Management System (CMMS) will be used to schedule and manage the preventive maintenance program?	

CUSTODIAL

Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes custodial work plan that addresses each facility and articulates frequency of activity to ensure a safe, clean, and sanitary environment for Job Corps students (e.g., cleaning and stocking of all restrooms, kitchen areas, dining areas, and other common areas daily)?	

GROUNDS/SNOW REMOVAL		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes grounds requirements for each facility to include provisions for ensuring safe, clean, neat, and sanitary grounds and landscaping?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes provisions for timely snow and ice removal for center pavements to ensure a safe environment?	

PEST MANAGEMENT		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan addresses minimal federal and local requirements for development of Integrated Pest Management (IPM) plan, licensure requirements for pest specialists, and handling requirements for chemicals and pesticides?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes weekly monitoring, inspections, and mitigation of pests, such as termites and rodents, to ensure a clean and safe environment?	

WASTE MANAGEMENT		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes provisions for ensuring waste, including recycling waste, is collected and removed from center as required to maintain clean and sanitary conditions?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Waste and Recycling operations are in accordance with center’s Solid Waste Management Plan and support waste diversion goals?	

SECURITY SYSTEM (CHECK HERE IF N/A <input type="checkbox"/>)		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes periodic inspection of security systems to ensure they are working properly?	

FIRE EXTINGUISHERS / EMERGENCY LIGHTING (CHECK HERE IF N/A <input type="checkbox"/>)		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes documented monthly inspections and annual certification of all center fire extinguishers?	

FIRE EXTINGUISHERS / EMERGENCY LIGHTING (CHECK HERE IF N/A)

<input type="checkbox"/> Y	Plan includes documented monthly inspections of all center illuminated exit signs and emergency lighting?	
<input type="checkbox"/> N		

KITCHEN HOOD FIRE SUPPRESSION SYSTEMS (CHECK HERE IF N/A)

Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes annual testing and certification by vendor?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes semiannual maintenance by qualified vendor?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes hood duct grease removal service by qualified vendor at regular intervals in accordance with manufacturer recommendations?	

FIRE ALARM AND SMOKE DETECTION SYSTEMS (CHECK HERE IF N/A)

Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes weekly inspection of fire alarm systems for alarm and issues?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes provision for the repair of identified fire alarms and fire alarm issues by a qualified vendor in a timely manner?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes provisions for a fire watch if a system is out of service?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes annual testing and inspection of the entire fire alarm system (including duct smoke detection system and all dampers) by qualified personnel to ensure it is operational?	

FIRE SUPPRESSION SYSTEMS (CHECK HERE IF N/A)

Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes weekly inspection of dry system gauges to ensure that proper pressures are maintained?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes weekly inspection of valves to ensure they are in the proper position?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes quarterly inspection of wet system gauges to ensure that proper pressures are maintained?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes weekly inspection of the fire pump system to ensure there are no leaks and that it is operational?	

FIRE SUPPRESSION SYSTEMS (CHECK HERE IF N/A <input type="checkbox"/>)		
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes quarterly inspection of waterflow alarms and supervisor signal devices?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes annual testing and inspection of the entire system by qualified personnel to ensure it is operational?	

FIRE HYDRANT SYSTEMS (CHECK HERE IF N/A <input type="checkbox"/>)		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes annual lubrication of all stems, caps, plugs, and threads to ensure proper operation?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes annual testing of fire hydrants with full flow for at least one minute per hydrant (or until all foreign material has cleared) to ensure removal of sediment and hydrants are functioning properly?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes flow testing at minimum 5-year intervals of fire hydrant system to validate that the required flow and pressure is achieved?	

ELEVATORS (CHECK HERE IF N/A <input type="checkbox"/>)		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes monthly, quarterly, and annual maintenance requirements in accordance with manufacturer’s recommendations performed by qualified personnel or vendor?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes annual certification testing by an authorized and qualified third-party elevator inspector in the state of jurisdiction?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes load testing every 5 years (or as required by local jurisdiction) by qualified elevator vendor.	

GROUND AND ELEVATED WATER STORAGE TANKS (CHECK HERE IF N/A <input type="checkbox"/>)		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes thorough inspection in accordance with American Water Works Association (AWWA) D101-53 to include tank structure at minimum every 5 years by qualified professionals?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes washout of tanks at minimum every 5 years or more frequently in areas prone to sediment problems?	

WATER TREATMENT SYSTEMS (CHECK HERE IF N/A <input type="checkbox"/>)		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes quarterly environmental health inspection by qualified non-center personnel?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes provision to record amount of water treated, amount of chlorine used, and daily free chlorine residual?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes regular verification that primary and secondary disinfection systems are working properly?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes provision for bacterial and chemical tests to be performed by state or local health authorities?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes annual environmental health inspection by qualified non-center personnel (N/A for septic systems)?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan addresses requirement for wastewater treatment operators to be licensed and trained per state, federal, and local requirements?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes maintaining records of water treatment variables (pH, dissolved oxygen, total suspended solids, BOD) as needed to check the system's operation?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes regular inspection for undesirable objects and chemicals, and removal or additional safety training/education as needed?	
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	For septic systems, plan includes regular checking of tank level and provisions to pump the tank before solids reach the overflow?	
<input type="checkbox"/> Y <input type="checkbox"/> N	For septic systems, plan includes periodic inspection and removal of debris from pretreatment devices and periodic pumping of solids from trap as needed?	
<input type="checkbox"/> Y <input type="checkbox"/> N	For septic systems, plan includes periodic inspection and cleaning of effluent filters?	
<input type="checkbox"/> Y <input type="checkbox"/> N	For septic systems, plan includes monthly inspection of drain field for odors or septic tank effluent on surface?	
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	For lagoons, plan includes periodic mowing and if possible, removal of burrowing animals from lagoon banks?	
<input type="checkbox"/> Y <input type="checkbox"/> N	For lagoons, plan includes inspection for noxious odor, floating plant life, excessive algae, or high solid content in effluent, and dredging if necessary?	
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	For packaged plants, plan includes daily inspection of system to ensure pre-treatment devices, aeration tanks, sludge pumps, settling tanks, dosing	

WATER TREATMENT SYSTEMS (CHECK HERE IF N/A <input type="checkbox"/>)		
	tanks/pumps, chlorination/de-chlorination systems are working properly?	
<input type="checkbox"/> Y <input type="checkbox"/> N	For packaged plants, plan includes maintenance of system to include scraping of hopper walls, washing of plant structures, lubrication of mechanical devices, replacement of air filters and belts as needed, cleaning of diffusers?	

BOILER SYSTEMS (CHECK HERE IF N/A <input type="checkbox"/>)		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes monthly chemical testing of system water and adjustment as needed?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes monthly inspection of fuel filter and replacement as needed?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes quarterly blowdown of drain valve and inspection of system?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes semiannual inspection and adjustment of control system?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes annual maintenance requirements including inspection/cleaning of combustion chamber and refractory, inspection of safety devices, and tuning to ensure optimal performance?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes annual testing and certification requirements in accordance with federal, state, and local requirements by a qualified vendor?	

BUILDING MANAGEMENT (HVAC CONTROLS) SYSTEM (CHECK HERE IF N/A <input type="checkbox"/>)		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Plan includes monthly inspection of air compressor systems for pneumatic systems and checking pneumatic lines for blockage?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes monthly inspection of control set-points and timing with adjustment as needed?	

AIR HANDLING SYSTEMS (CHECK HERE IF N/A <input type="checkbox"/>)		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes at minimum quarterly inspection of air handling systems for excessive vibration, worn parts, and improper operation?	

<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes at minimum quarterly inspection and/or replacement of air filters?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes at minimum quarterly inspection and/or replacement of belts?	

OTHER MECHANICAL SYSTEMS (CHECK HERE IF N/A)

Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Chillers and Refrigeration Equipment - Plan includes at minimum quarterly inspection to include water testing, proper operation, refrigerant and fluid leaks, proper alignment, lubrication and adjustment of components, and repairs as needed?	
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cooling Towers - Plan includes at minimum monthly water testing and quarterly inspection to include proper operation of towers and chemical injection system, belt tension and wear, inspection/clearing of blowdown system, lubrication and adjustment of components?	
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Steam Distribution Systems - Plan includes at minimum quarterly testing of system condensate and feed water and treatment as necessary, inspection of safety devices for proper operation, inspection/clearing of blowdown system, inspection/cleaning of steam traps, pumps, controls?	
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Furnaces - Plan includes at minimum inspection of fuel and air filters and replacement as needed, inspection of belt tension and condition and replacement as needed?	
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Aboveground Storage Tanks/Underground Storage Tanks (AST/UST) - Plan includes inspecting tanks, secondary containment and ancillary equipment in accordance with applicable SP001, etc. regulations.	

GREASE INTERCEPTOR SYSTEMS (CHECK HERE IF N/A)

Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes at minimum monthly inspection and grease removal/disposal at required intervals by qualified vendor?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes at minimum monthly inspection of inlet, outlet, and air relief ports for obstructions, and connections for leaks?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes provision for storage of used grease in approved containers and disposal by qualified vendor to minimize introduction of grease into drainage systems?	

RENEWABLE ENERGY SYSTEMS (CHECK HERE IF N/A <input type="checkbox"/>)		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Solar Water Systems - Plan includes at minimum quarterly inspection for leaks, loose connections, insulation wear, proper pump operations, and proper controls operations?	
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Solar Electric Systems - Plan includes at minimum quarterly inspection for damage, loose connections, and proper controls operations?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Wind Turbine Systems - Plan includes at minimum maintenance and inspections in accordance with manufacturer's recommendations by qualified vendor?	

ELECTRICAL SYSTEMS (CHECK HERE IF N/A <input type="checkbox"/>)		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Transformers (to include those containing PCBs) - Plan includes at minimum quarterly inspection for leaks, corrosion, structural support issues, removal of brush and other debris from around transformers, loose connections, insulation and conductor condition, proper locked enclosure as needed for safety?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Electrical Panels - Plan includes at minimum quarterly inspection for damage, proper labeling, breaker failure, proper securing of panel doors for safety, loose connections?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Electrical Outlets - Plan includes at minimum quarterly inspection and replacement of damaged outlets and outlet covers and testing of GFCI breakers to ensure proper operation?	
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Generators - Plan includes at minimum regular maintenance by qualified personnel to include monthly exercise of generators and fluid checks/replacement as needed?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes provisions for Lockout/Tagout in accordance with 29 Code of Federal Regulations (CFR) 1910.147 to safeguard workers from hazardous energy releases during maintenance or repair activities?	

LIGHTING SYSTEMS (CHECK HERE IF N/A <input type="checkbox"/>)		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes regular inspections of exterior lighting systems and re-lamping as required to ensure safe illumination levels during hours of darkness?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes regular inspections of interior lighting systems and re-lamping as required to ensure adequate illumination levels?	

PLUMBING SYSTEMS (CHECK HERE IF N/A <input type="checkbox"/>)		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Backflow Preventers – Plan includes annual inspection and certification of backflow prevention devices by a certified professional as required by federal, state, or local requirements?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes regular inspection of gas, water, and drainage piping systems and fixtures for leaks, insulation damage, proper operation, and repairs as needed?	
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Lift Stations - Plan includes at minimum quarterly inspection of pump lift stations for proper operation and maintenance/repairs as needed?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Water Heaters - Plan includes at minimum quarterly inspection water heaters for proper set point, condition of water and draining as needed, condition of element and replacement as needed, and for any leaks and corrosion?	

BUILDING ENVELOPE SYSTEMS (CHECK HERE IF N/A <input type="checkbox"/>)		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Roofs – Plan includes at minimum, semi-annual inspection of roofs and maintenance to include removal of debris from drainage devices, inspection of flashing systems and penetrations for leaks, inspection of interior finishes for water damage, and repairs as needed?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes regular inspection of windows to include replacement of weather-stripping as needed?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes regular inspection of doors and designated emergency exits to ensure proper closure and ease of egress?	

BUILDING ENVELOPE SYSTEMS (CHECK HERE IF N/A <input type="checkbox"/>)		
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes regular inspections of the building envelope system for leaks and/or damage and repairs as needed?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes recurring protection of exposed building envelope surfaces to include repainting as needed?	

GENERAL MAINTENANCE (CHECK HERE IF N/A <input type="checkbox"/>)		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes periodic inspection of building interior finishes to include ceiling tiles, flooring, wall finishes and repair, replacement, repainting as required?	
<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Plan includes periodic inspection of laundry facilities, dryer vent systems, electrical, as required for repair or replacement?	

KITCHEN PREVENTIVE MAINTENANCE (CHECK HERE IF N/A <input type="checkbox"/>)		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes maintenance requirements for kitchen equipment including refrigeration systems, hood ventilation systems, steamers, ovens, and dishwashers?	

PAVEMENTS MAINTENANCE (CHECK HERE IF N/A <input type="checkbox"/>)		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes periodic inspection of rigid and flexible pavements for damage and proper drainage, removal of debris and vegetation as needed, repair of potholes and sealing of cracks as needed to prevent further damage.	

HAZARDOUS MATERIALS MANAGEMENT		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes provisions for ensuring proper handling and disposal of Asbestos-Containing Materials (ACM) and lead-based paint by qualified personnel or vendor as needed?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes provisions for ensuring proper handling, storage, and disposal of hazardous materials by qualified personnel or vendor as needed?	

STATE HEALTH INSPECTION (CHECK HERE IF N/A <input type="checkbox"/>)		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes provision to ensure required health inspections are scheduled with local and state authorities as required for food services and child development center facilities?	

STORMWATER MANAGEMENT SYSTEMS (CHECK HERE IF N/A <input type="checkbox"/>)		
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes periodic inspection for and removal of sediment and vegetation in storm-water systems to ensure unobstructed flow and proper capacity?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes periodic mowing, litter removal, and debris removal as required in swales to ensure unobstructed storm-water flow?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes repair of eroded embankments as required to maintain unobstructed flow and proper capacity?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan addresses requirement for storm-water permitting as required per state, federal, and local requirements?	

COMPUTERIZED MAINTENANCE MANAGEMENT SYSTEM (CHECK HERE IF N/A <input type="checkbox"/>)		
Y/N	Assessment Item	Review Comment or Recommendation
<input type="checkbox"/> Y <input type="checkbox"/> N	Plan includes center's plan for use of a system to schedule and track all preventive and corrective maintenance activities? It is recommended that this include all facilities maintenance and repair activities including subcontracted activities.	