

# 25-POINT

## Preventive Maintenance Checklist

Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Location of Equipment \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Date Check Performed \_\_\_\_\_  
 Time Check Performed \_\_\_\_\_ AM PM  
 Technician \_\_\_\_\_  
 Detergent Delivered \_\_\_\_\_  
 Quantity \_\_\_\_\_

Equipment Model No. \_\_\_\_\_

Serial No. \_\_\_\_\_

### Preventive Maintenance Action Item

SATISFACTORY  
 NEEDS IMMEDIATE ATTENTION  
 NOT ABLE TO CHECK

### Comments

Preventive Maintenance Action Item	<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> NEEDS IMMEDIATE ATTENTION	<input type="checkbox"/> NOT ABLE TO CHECK	Comments
<input type="checkbox"/> 1. Check engine RPM or motor amperage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 2. Check pump oil condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 3. Check pump oil levels; add or change oil as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 4. Check pump for proper operation and inspect for leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 5. Check engine oil condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 6. Check engine oil level, add or change oil as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 7. Inspect engine oil filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 8. Check drive belts for tension and wear; adjust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 9. Ensure belt guards are in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 10. Check pressure and temperature levels; adjust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 11. Check coil for soot deposits and lime build up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 12. Check nozzles for damage or wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 13. Check hoses for breaks or leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 14. Inspect trigger gun and wand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 15. Check couplers for O-ring wear and coupler damage; replace O-rings, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 16. Inspect & lubricate quick disconnects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 17. Check burner for proper operation; adjust air and electrodes as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 18. Inspect burner fuel filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 19. Test unloader valve for excessive wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 20. Clear or replace inlet water filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 21. Inspect electric outlet, cord and voltage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 22. Check pulley alignment, adjust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 23. Check detergent / chemical suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 24. Check insulation for hot spots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> 25. Check electrical switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

### ABOUT THE PRESSURE WASHER

#### How old?

- Less than 1 year
- 1-2 years
- 2-5 years
- 5+ years

#### Usage?

- 1 - 5 hours / week
- 5 - 20 hours / week
- 20+ hours / week

#### Detergent Usage?

Type used \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Gal / Month \_\_\_\_\_

#### What Is Being Cleaned?

- Vehicles
- Shop/facilities
- Engine degreasing
- Paint preparation
- Heavy equipment
- Machinery
- Building exterior
- Light equipment
- Other \_\_\_\_\_

### CUSTOMER NEEDS

- Service sticker
- Aqueous parts washer
- Detergents
- Financing options
- Parts catalog
- Wastewater treatment

Customer Approval Signature \_\_\_\_\_ Date \_\_\_\_\_