



# Industrial Equipment

Worksheet # \_\_\_\_\_

## Environmental Cleaning Systems

Purchase Order \_\_\_\_\_

*Servicing The North State*

PH: (800)287-8306  
FAX: (530)893-1035

830 Cherry Street  
Chico, CA 95928

### PREVENTATIVE MAINTENANCE WORKSHEET

**CUSTOMER** \_\_\_\_\_ **CONTACT PERSON** \_\_\_\_\_  
**STREET** \_\_\_\_\_ **PHONE NUMBER** ( ) \_\_\_\_\_  
**CITY** \_\_\_\_\_ **UNIT MAKE/MODEL** \_\_\_\_\_  
**STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **SERIAL NUMBER** \_\_\_\_\_

<b>HCA2 Filters</b>	Inspect _____	Clean <u>1</u>	Replace _____	Inspect Solids Collection Trench	<input checked="" type="checkbox"/>
				Remove & Clean Solids Grid	<input checked="" type="checkbox"/>
<b>HCA3 Filters</b>	Inspect _____	Clean <u>1</u>	Replace _____	Flush Cone Tanks	<input checked="" type="checkbox"/>
<b>Polish Filters</b>	Inspect _____	Clean <u>1</u>	Replace _____	Sand Filter, Backflush	<input type="checkbox"/>
				Media Filter, Backflush	<input type="checkbox"/>
<b>Membranes</b>	Inspect <input checked="" type="checkbox"/>	Clean <input type="checkbox"/>		Check Machine Cycle	<input checked="" type="checkbox"/>
				Added Hydrogen Peroxide	<input type="checkbox"/>
<b>Inspect Bleed Line</b>			<input checked="" type="checkbox"/>	Added Other _____	
<b>Inspect General Machine Condition</b>			<input checked="" type="checkbox"/>	Misc. Inspection _____	
<b>Test Operate Pressure Cleaner</b>			OK _____		

#### SERVICE WORK PERFORMED

Removed and cleaned all filters. Inspected condition of filters. Reinstalled filters into system. Brought system back on line. Recheck Operation.

#### RECOMMENDED PREVENTATIVE MAINTENANCE/MODIFICATIONS

#### ADDITIONAL PARTS USED

Invoice # \_\_\_\_\_

Service Contract Agreement \_\_\_\_\_ per Visit  
Additional Labor 0.0 hours at \_\_\_\_\_ per Hour

Quantity	Part Number	Description

WORK PERFORMED BY \_\_\_\_\_ DATE \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ COMPANY REPRESENTATIVE \_\_\_\_\_

HCA2 Replacement Date   
HCA3 Replacement Date   
Polish Replacement Date