AHU MAINTENANCE CHECKLIST

Please Note When Completing This Pharmaxis Maintenance Form the Following GMP Guidelines for Documentation must be followed

- Always write in **BLUE** pen only.
- The date should only be written in the format DDMmmYY. *Example:* 01Jan18
- If a mistake is made when completing this form cross it out and initial and date next to it. *Example:* ~~10kg~~ 10g JB01Jan18
- Do Not include "ditto marks" or "as above" or arrows to describe similar entries. Each entry must be written individually.
- A comment should be made for each task indicating the status. If a task cannot be completed circle "No" in the complete? section and explain why in the comments section.
- If attaching labels, remove the old label prior to attaching the new one. Do not write over existing labels.

This form covers AHU1 (00662), AHU2 (00663), AHU3 (00664), AHU4 (00665), AHU5 (00666), AHU5A (00667), AHU6 (00668), AHU7 (00669) and AHU-R1 (00851). N/A all sections not used. For tasks that have a further action if necessary circle YES or N/A in the Complete? section. One form should be used for each AHU, Note AHU below.

Note 1: The Full AHU Filter Schedule is located in the spares cage for reference, before spares are removed this list should be consulted.

AHU:_____ Pharmaxis ID:_____ Maintenance to be performed (tick): Monthly: ☐ Quarterly: ☐ Annual: ☐

Monthly Maintenance:

No.	Description of maintenance activity	Complete?	Comments:
1	Check doors for normal operation, seals, hinges etc	YES / NO	
2	Check fan belt tension. ↳If required, adjust fan belt tension.	YES / NO YES / N/A	
3	Visual/Audible inspection to ensure normal operation.	YES / NO	
4	Check for undue vibration.	YES / NO	
5	Check AHU air filters and report. ↳If necessary, replace filters, **see Note 1.***	YES / NO YES / N/A	
6	Check coil for cleanliness and leaks. Clean trays and drains.	YES / NO	
7	Record differential pressure of Mixed air filter from the BMS.	YES / NO	_____ Pa
8	Record differential pressure of Supply air filter from the BMS.	YES / NO	_____ Pa

**** If a Filter is replaced a sticker must be attached to filter housing, indicating date of change and name of technician.***

Authorisation signature and date: 21 MAR 18 | Reference: SOP-235

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Quarterly Maintenance:

No.	Description of maintenance activity	Complete?	Comments:
9	Record Air On temperatures	YES / NO	_____ °C
	Record Air Off temperatures	YES / NO	_____ °C
10	Grease motor bearings if applicable.	YES / NO	
11	Check and tighten nuts & bolts.	YES / NO	
12	Check condition of Room return air filters (Only for AHU 1, 5 and 5A) ↳If necessary, replace filters with **Camfil AP Thirteen**.*	YES / NO YES / N/A	

** If a Filter is replaced a sticker must be attached to filter housing, indicating date of change and name of technician.*

Annual Maintenance:

No.	Description of maintenance activity	Complete?	Comments:
13	Check condition of coils. ↳If required, carry out full clean of coils.	YES / NO YES / N/A	
14	Inspect unit for corrosion and report.	YES / NO	
15	Tighten electrical connections.	YES / NO	
16	Check vibration mounts and check all mounting bolts for security.	YES / NO	
17	Check condition of bearings and report.	YES / NO	
18	Examine flexible connections for leaks.	YES / NO	

Additional Comments:

Work has been completed satisfactorily & confirmed by Technician:

Name (Print & Sign) : _____

Date : _____

Reviewed by:

Name (Print & Sign) : _____

Date : _____