

Fayetteville Public Works Commission

Commercial HVAC Maintenance Program

UNIVERSAL BI-ANNUAL MAINTENANCE CHECKLIST

Use of this form: Complete this checklist once for the maintenance visit. List every HVAC unit serviced on Page 2. Use an Equipment Continuation Sheet if additional space is needed. Mark N/A when an activity does not apply.

Customer and Maintenance Visit Information

Account Name		Building/Facility	
Service Address			
Maintenance Date		Performed By	
Visit:	☐ First ☐ Second	Title/Department	

Required Bi-Annual Maintenance Activities

Complete each applicable activity for all the HVAC equipment listed on Page 2. Explain exceptions or follow-up needs in the notes column.

Maintenance Activity	Completed		N/A	Notes / Exceptions
Clean cooling equipment	☐		☐	
Check refrigerant charge	☐		☐	
Inspect belts and pulleys	☐		☐	
Inspect electrical connections	☐		☐	
Verify thermostat operation	☐		☐	
Measure supply and return temperatures	☐		☐	
Inspect ductwork for leaks or damage	☐		☐	
Verify economizer operation, if equipped	☐		☐	
Check outdoor air dampers	☐		☐	
Check motors and controls	☐		☐	
Check motor amperage	☐		☐	
Lubricate bearings, as needed	☐		☐	
Verify control sequences	☐		☐	
Test occupancy schedules	☐		☐	
Inspect heat pump/heating system	☐		☐	
Inspect reversing valve	☐		☐	
Test supplemental heat	☐		☐	
Verify heat pump performance	☐		☐	

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HVAC EQUIPMENT SERVICE LOG AND CERTIFICATION

HVAC Equipment Serviced

List each HVAC unit included in this maintenance visit. Equipment identification may be a unit number, asset number, or another identifier used by the facility.

#	Unit / Equipment ID	Location	Equipment Type	Completed	Exceptions / Notes
1				☐	
2				☐	
3				☐	
4				☐	
5				☐	
6				☐	
7				☐	
8				☐	
9				☐	
10				☐	
11				☐	
12				☐	
13				☐	
14				☐	

☐ Additional HVAC equipment is listed on an attached Equipment Continuation Sheet.

Monthly Filter Maintenance Verification

Have all filters been replaced or cleaned monthly since the previous bi-annual maintenance?	☐ Yes ☐ No
Action completed during this visit	☐ Inspected ☐ Cleaned ☐ Replaced ☐ N/A

Overall Findings / Corrective Actions

Issues identified:

Corrective action completed or recommended:

Certification and Manager Approval

I certify that the applicable bi-annual maintenance activities identified on Page 1 were completed for all HVAC equipment listed on this form and any attached continuation sheet. Activities not completed or not applicable are identified in the notes or exceptions sections.

Employee Printed Name	Date
Employee Signature	
Manager Printed Name	Date
Manager Signature	

Submit completed documentation to customer.programs@faypwc.com