# PM Capture Form

**Asset**  
(Enter 6-digit asset number of associated item)

**PM Description**  
(Example: Linen Chute Door - 0604 Sterile proc. Room: Monthly)

**Frequency Type**  
(Enter Weekly, Monthly, Quarterly, Semi-Annually, Annually, or Triennially as applicable)

**Category**  
(Enter Building Maintenance Program, Department Support, Infection Control, Infection Control - Joint Commission, Life Safety, Life Safety - Joint Commission, Life Support, Life Support - Joint Commission, Operational Support, or Operational Support - Joint Commission)

**Account**  
(Example: HST75482470 - normally same as to be entered on Timesheet)

**Skill**  
(Example: Plumber)

**Shop#**  
(Example: 620)

**Resource Last Name**  
(Example: Teasley)

**Parts for Service**  
(Examples: Oil: 30WT ND (5 qts.), Belts: AX64 (Qty. 2), Air Filter: 20x20x1 (Qty. 7), Kit: Quincy 2341-)

**Instructions**  
(Identify tasks to be performed for the PM by the Task Number(s) or identify all the steps that are to be performed.)

**Next Due Date**  
(format: m/d/y)

**Unique WO**

**Variable Schedule**

**Fixed Schedule**

**Checklist**