

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY013 Date of Visit: 2/16/22

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>PATRICK BROWN</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

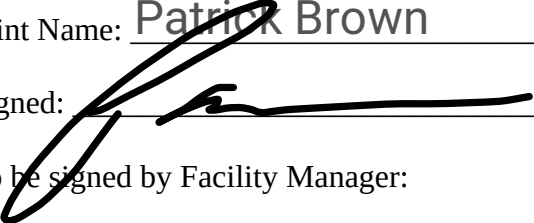
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 15945 , 15946 , 16119-16125 , 16238 , 16252 , 16267 ,
2. 15968 , 16126-16128
3. ASSET#S , 9218-9220 , 9222 , 9240 , 9241 , 9243 , 9244 , 9245 ,
4. 9254 , 9261 , 9262 , 9263 , 190917, 131 , 102 , 103 , 132 , 119 , 124 ,
5. 125 , 126

CERTIFICATION OF WORK

To be signed by the Contractor:

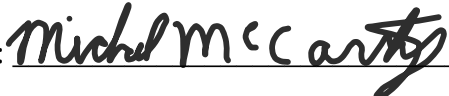
Print Name: Patrick Brown Date: 2/16/22

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

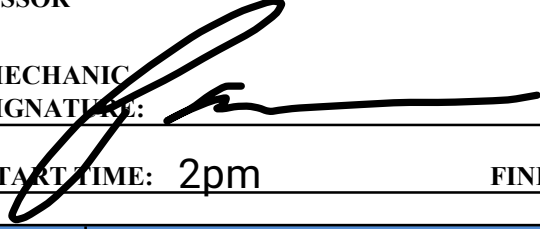
Print Name/Rank: MR MCCARTHY Date: 2/16/22

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **AIR COMPRESSOR**

SITE AND BLDG #: NY013 BLDG2

**MECHANIC
SIGNATURE:** 

DATE: 2/16/22

LOCATION/RM #: BLDG2 **WO#** 15968 **ASSET #** 9254

START TIME: 2pm

FINISH TIME: 2:30pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work.	☒	☐	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Perform a visual inspection of the air system, noting any obvious leaks or portions of the air distribution network that may be subject to physical damage.	☒	☐	no obvious leaks or damage
2	Change compressor crankcase oil (annually).	☒	☐	oil is new
3	Clean or replace air intake filter, as needed.	☒	☐	filter is new
4	Check air dryer, automatic condensate drains, and air tank for proper operation. Manually blow down condensate tank if needed. Clean condenser coils and cover grills, if applicable.	☒	☐	
5	Inspect oil separators for any sign of oil entering the system.	☒	☐	no oil found in the system
6	Inspect belt alignment and condition. Adjust or replace belts as required. Belts should be replaced in complete sets.	☒	☐	belts are in good condition
7	Check motor starter contactor - inspect contacts for pitting or arcing	☒	☐	no pitting or arcing
8	Clean heat exchange surfaces.	☒	☐	surfaces are clean
9	Check gauges to be in good condition	☒	☐	gauges are in good condition
10	On two stage compressor, check intermediate pressure.	☒	☐	single stage
11	Test relief valves, replace if leaking . Do not readjust safety relief valves in the field.	☒	☐	
12	Check cut in and cut out of compressor pressure controller, readjust if necessary for proper air pressure requirements. Do not exceed ASME maximum tank pressure.	☒	☐	cut in and cut out are correct
13	Check to make sure belt guard is installed prior to putting air compressor back in service.	☒	☐	belt gaurd is secured

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
14	Check if air compressor is running excessively or frequently cycling on and off (possible leaks).	☒	☐	

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed discription of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: