

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 4/24/23

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 , 21558 , 21559 , 21636 , 21705 , 21494 ,
2. 21560 , 21561 , 21562 , 21601 , 21637 , 21693 ,
3. ASSET#'S , 9217 , 9247 , 9254 , 9252 , 9253 ,
4. 9254 , 190917-,131,141,144, IL-12 , IL13
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 4/24/23

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: 4/24/23

Signed: Michael McCarthy

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

AIR COMPRESSOR

SITE AND BLDG #: NY013 BLDG2
 LOCATION/RM #: BLDG2 bay 21494,
 WO# 21562, ASSET # 9254,
 21601

MECHANIC SIGNATURE:  DATE: 4/24/23
 START TIME: 9am FINISH TIME: 9:30am

21601

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.	☒	☐	
2	Change compressor crankcase oil (annually).	☒	☐	
3	Clean or replace air intake filter, as needed.	☒	☐	
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.	☒	☐	
6	Inspect belt alignment and condition. Adjust or replace belts as required. Belts should be replaced in complete sets.	☒	☐	
7	Check motor starter contactor - inspect contacts for pitting or arcing	☒	☐	
8	Clean heat exchange surfaces.	☒	☐	
9	Check gauges to be in good condition	☒	☐	
10	On two stage compressor, check intermediate pressure.	☒	☐	
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.	☒	☐	
13	Check to make sure belt guard is installed prior to putting air compressor back in service.	☒	☐	

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: