

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 8/24/22

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____                | 4. _____ |

**Work Performed:**

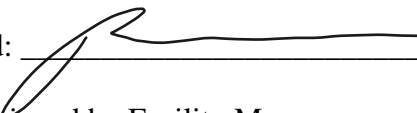
**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S , 18321 , 18322 , 18489-18492 , 18550 , 18558 ,
2. 18559 , 18573 , 18574 , 18582 , 18593 , 18603 , 18604 ,
3. 18644 , 18493 , 18494 , 18560 , 18495 , 18496 , 18646
4. ASSET#'S , 9932 , 9935 , 9898 , 9929 , 9933 , 9934 , 9930 ,
5. 9940 , 9941 , 9946 , 9947 , IL-31 , IL-33 , 190917-, 253 , 254 ,  
269 , 250 , 251 , 263 , 268 , 243 , 244 , 271 , 273

**CERTIFICATION OF WORK**

To be signed by the Contractor:

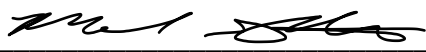
Print Name: Patrick Brown Date: 8/24/22

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: SSGT MIKE SHIFFLETT Date: 8/24/22

Signed: 

E-Mail: \_\_\_\_\_

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### AIR COMPRESSOR

SITE AND BLDG #: NY039 BLDG2

MECHANIC  
SIGNATURE: 


DATE: 8/24/22

LOCATION/RM #: BLDG2 WO# 18560 ASSET # 190917-273

START TIME: 1pm

FINISH TIME: 1:15pm

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Change compressor crankcase oil (annually).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Clean or replace air intake filter, as needed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Inspect oil separators for any sign of oil entering the system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Inspect belt alignment and condition. Adjust or replace belts as required. Belts should be replaced in complete sets.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7	Check motor starter contactor - inspect contacts for pitting or arcing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Clean heat exchange surfaces.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9	Check gauges to be in good condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10	On two stage compressor, check intermediate pressure.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11	Test relief valves, replace if leaking . Do not readjust safety relief valves in the field.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13	Check to make sure belt guard is installed prior to putting air compressor back in service.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		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:**

this unit needs to be replaced it is non-functional