

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY051 BLDG1 Date of Visit: 2/8/22

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 , 15904 , 15927 , 15931-15933 , 15960 , 15974 , 15987 , 15988 ,
2. 16009-16012 , 16183 , 16184 , 16241 , 16260 , 16271 , 16272 , 16185
3. ASSET#'S , 10043 , 10051-10054 , 10043 , 10066 , 10069 , 10044 ,
4. 10045 , 10067 , 10068 , 10063 , 10079 , 190917- , 279-284 , 288 , 294 ,
5. 299 , 295 , 296 , 279 , 286 , 301 ,

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/8/22

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: SFC ERIC ABBOTT Date: 2/8/22

Signed: 

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
**AIR COMPRESSOR**

SITE AND BLDG #: **NY051 BLDG1**

**MECHANICAL ROOM**  
 LOCATION/RM #: **WO# 15960**      ASSET # **10054**

MECHANIC  
SIGNATURE: DATE: **2/8/22**START TIME: **9:30am**FINISH TIME: **10am**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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"/>	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	no obvious leaks or damage
2	Change compressor crankcase oil (annually).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	oil is new
3	Clean or replace air intake filter, as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Inspect oil separators for any sign of oil entering the system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	belts are in good condition
7	Check motor starter contactor - inspect contacts for pitting or arcing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no pitting or arcing
8	Clean heat exchange surfaces.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	surfaces are clean
9	Check gauges to be in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	gauges are in good condition
10	On two stage compressor, check intermediate pressure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	single stage
11	Test relief valves, replace if leaking. Do not readjust safety relief valves in the field.	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	cut in and cut out are correct
13	Check to make sure belt guard is installed prior to putting air compressor back in service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**