

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 2/10/22

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 , 15915 , 15941-15943 , 15981 , 15993 , 16075-16081 ,
 2. 16197 , 16198 , 16242 , 16262 , 16275 , 16276 , 15944 , 15966 ,
 3. 16082-16084 , 16236 , 16277 , 16085 , 16086
 4. ASSET#'S , 10568 , 10564 , 10565 , 10569 , 10612 , 10559 , 10560 ,
 5. 10566-10568 , 10613 , 10614 , 10608 , 10609 , 10628 , 10629 ,
- 10636-10638 , 10643 , 10644 , 190917-, 450 , 430-433 , 446 , 449 ,
~~434 , 447 , 452 , 455 , 458 , 459 ,~~-----

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/10/22

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:

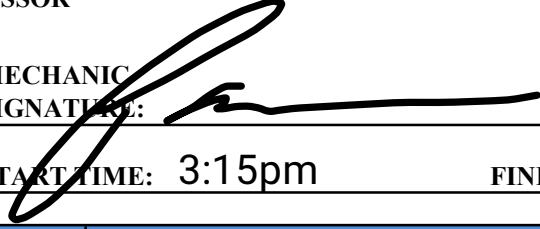
Print Name/Rank: AMMIE MEARERO Date: 2/10/22

Signed: _____

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

AIR COMPRESSOR

SITE AND BLDG #: NY067 BLDG2MECHANIC
SIGNATURE: DATE: 3/8/22LOCATION/RM #: BLDG2 WO# 15966 ASSET # 10629START TIME: 3:15pmFINISH TIME: 3:45pm

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: