

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY067 Date of Visit: 4/6/23

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 , 21535 , 21536 , 21537 , 21612 , 21675 , 21699 , 21700 ,
2. 21709 , 21723 , 21538 , 21539 , 21540 , 21599 , 21676 , 21701 ,
3. 21724 , 21677 , 21725
4. ASSET#'S , 10561 , 10562 , 10563 , 10612 , 10626 , 10627 ,
5. 10629 , 190917-, 435,436,437,453,450,421,456,454,461 , IL-55 ,  
IL-56 , IL-57

-----  
**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 4/6/23

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: Noah Ingerson Date: 4/6/23

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### AIR COMPRESSOR


**SITE AND BLDG #:** NY067 BLDG2

**MECHANIC SIGNATURE:**  **DATE:** 4/6/23

**LOCATION/RM #:** BLDG2 **WO#** 21540, **ASSET #** 10629, 21599

**START TIME:** 10:30am **FINISH TIME:** 11am

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

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:**