

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 8/11/22

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 , 18562 , 18563 , 18564 , 18575 -18577 , 18599 ,
 2. 18613 , 18614 , 18673 , 18565 , 18566 , 18578 , 18585 ,
 3. 18600 , 18615 , 18674 , 18675 ,
 4. ASSET#'S , 190917-, 631-633 , 603 , 622-627 , 642 , 645 ,
 5. 651 , 652 , 659 , 660 , 686 , 615 , 616 , 636-640 , 683 ,
 - IL-65-67 , 702 , 709 , 724 , 703 , 707 , 710 , 711 , 714 ,
 - 716 , 700 , 708
-

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 8/11/22

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:

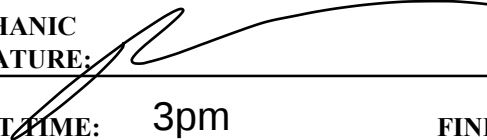
Print Name/Rank: LARS LUFFMAN Date: 2022 08 11

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

AIR COMPRESSOR

SITE AND BLDG #: **NY127 BLDG2**MECHANIC
SIGNATURE: DATE: **8/11/22**LOCATION/RM #: **mechanical room**WO# **18566**ASSET # **190917-709**START TIME: **3pm**FINISH TIME: **3:15pm**

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.	✓		
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: