

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: PA 011 Date of Visit: 7/10/19

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Tony Lorenz</u> | 4. _____ |
| 2. <u>Jim Georgens</u> | 5. _____ |
| 3. <u>Scott Berry</u> | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>9932</u> | _____ |
| 2. <u>9740</u> | _____ |
| 3. <u>9952</u> | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Georgens Date: 7-10-19

Signed: [Signature]

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: Ramon E. De La Cruz Sr Date: 7-10-19

Signed: [Signature]

E-Mail:

OTHER RECURRING SERVICES CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Pa 001-01

Date of Visit: 2/7/18

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Tom Corrales</u> | 4. _____ |
| 2. <u>Jon Gertzi</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>9848</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jon Gertzi Date: 7-10-19

Signed: [Signature]

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: Ramon E. De la Cruz SGT Date: 7-10-19

Signed: [Signature]

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST AIR COMPRESSOR

SITE AND BLDG #:

P2011-002

MECHANIC
SIGNATURE:

DATE:

2/10/18

LOCATION/RM #:

OMS

WO#

9740

ASSET #

6721

START TIME:

900

FINISH TIME:

915

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
1	In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to.		/	
2	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 normal tour checks and operations. 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).		N/A	ADDEN 1/2 Quart of oil
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.		N/A	
5	Inspect oil separators for any sign of oil entering the system.		N/A	
6	Inspect belt alignment and condition. Adjust or replace belts as required. Belts should be replaced in complete sets.	/		
7	Check for corrosion and scale on water cooled units.	/		
8	Clean heat exchange surfaces.	/		
9	Check accuracy of gauges with calibrated test gauge.	/		
10	On two stage compressor, check intermediate pressure.	/		142
11	Test relief valves, replace if leaking or the relief range is incorrect. 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.	/		
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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: