

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

FACID/Building: PR 011

Date of Visit: 7/10/19

Contractor Personnel on Site:

1. Tony Lazarus
2. Jim Goertgens
3. Scott Werr

- 4.
- 5.
- 6.

Work Performed:

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

1. 9932
2. 9740
3. 9952
- 4.

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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

Signed: 

E-Mail:

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

Facility/Building: Pa ad-01 Date of Visit: 2/21/19

Contractor Personnel on Site:

1.	<u>Tony Gommis</u>	4.	
2.	<u>Jon Geertgens</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 Geertgens Date: 7-10-19  
Signed: Jon Geertgens

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: Ramón E. De la Cruz  
E-Mail:

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

SITE AND BLDG #: Pr 011 - 09  
LOCATION/RM #: 0MS    WO# 9740    ASSET # 6721

MECHANIC  
SIGNATURE:

DATE:

2/10/18

START TIME:

900

FINISH TIME:

915

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETED		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
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.		/	
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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).	/	NO	ADD'n 1/2 Quart of oil
3	Clean or replace air intake filter, as needed.	/	NO	
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.	/	NO	
5	Inspect oil separators for any sign of oil entering the system.	/	NO	
6	Inspect belt alignment and condition. Adjust or replace belts as required. Belts should be replaced in complete sets.	/	NO	
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: