

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: Pa052-02 Date of Visit: 7-18-19

Contractor Personnel on Site:

1. Dominic Stango 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**Work Performed:**

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

1. WO#9748, 9860  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Dominic Stango Date: 7-18-19

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

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

**PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST**  
AIR COMPRESSOR

SITE AND BLDG #: Garage WO# 9748 ASSET # 6701

MECHANIC J. S. SIGNATURE: J. S. DATE: 5-18-19

START TIME: 2 FINISH TIME: 2:15

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ACTIONS (IF TASK COMPLETE IS CHECKED NO PROVDE 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.	<input checked="" type="checkbox"/>		
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.	<input checked="" type="checkbox"/>		
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.	<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 for corrosion and scale on water cooled units.	<input checked="" type="checkbox"/>		
8	Clean heat exchange surfaces.	<input checked="" type="checkbox"/>		
9	Check accuracy of gauges with calibrated test gauge.	<input checked="" type="checkbox"/>		
10	On two stage compressor, check intermediate pressure.	<input checked="" type="checkbox"/>		
11	Test relief valves, replace if leaking or the relief range is incorrect. 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"/>		

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED, NO, PROVIDE EXPLANATION)
		YES	NO	
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:**