

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

FACID/Building: Pr 055

Date of Visit: 7-19-19

Contractor Personnel on Site:

1. Jim Geerlges
2. Scott Werry
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work Performed:**

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

1. 9934
2. 9741
3. 9986
4. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jim Geerlges

Date: 7-19-19

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: Timothy S Peters Date: 19 July 2019

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: P-055 Date of Visit: 7-19-19

Contractor Personnel on Site:

1. Jim Geertgens

2.

3.

4.

5.

6.

Work Performed:

Other Recurring Services

9818

1.

2.

3.

4.

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Tim Geertgens

Date: 7-19-19

Signed: Tim 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: TIMOTHY S PETERS

Date: 19 July 2019

Signed: Timothy S. Peters

E-Mail:

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

SITE AND BLDG #: P1 OFF-02

MECHANIC  
SIGNATURE:

DATE: 7-19-19

LOCATION/RM #: OMS      WO# 9741      ASSET # 6223

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).	/		
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 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.	/		
11	Test relief valves, replace if leaking or the relief range is incorrect. Do not readjust safety relief valves in the field.	/		135 lbs
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: