

CERTIFICATION OF WORK

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

FACID/Building: PC 077

Date of Visit: 7/22/19

Contractor Personnel on Site:

1. Tony GARRA
2. Jim Goetz
3. _____

4. _____
5. _____
6. _____

Work Performed:

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

1. 9906
2. 9734
3. 9963
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Goetz

Date: 7-22-19

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: Josh Sutton / GS-11

Date: 22 Jul 19

Signed: _____

E-Mail: _____

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

FACID/Building: Pr 079-01

Date of Visit: 7/22/19

Contractor Personnel on Site:

1. Tony Green
2. Scott Berry
3. _____

4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 9810
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Ocerdgers

Date: 7-22-19

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: Josh Sutton/GS-11

Date: 22 Jul 19

Signed: _____

E-Mail: joshua.e.sutton2.civ@mail.mil

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST AIR COMPRESSOR

SITE AND BLDG #:

P 678-02

LOCATION/RM #:

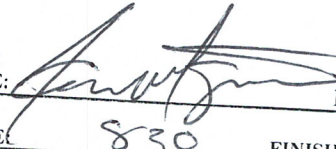
GM

WO#

P734

ASSET #

672

MECHANIC
SIGNATURE:


DATE:

7/22/19

START TIME:

830

FINISH TIME:

845

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).	/		
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.	/		
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:

BK