

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: \_\_\_\_\_ Date of Visit: 10/31/19

Contractor Personnel on Site:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Work Performed:**

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


1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

-----

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 10/30/19

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:

**SSG Will Price**

Print Name/Rank: \_\_\_\_\_ Date: 10/30/19

Signed: 

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

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

 MECHANIC  
SIGNATURE:



DATE: 10/30/19

SITE AND BLDG #: MD024-01

 LOCATION/RM #: WO# 11031 ASSET # 1287  
3 YR CERT

START TIME: 0900

FINISH TIME: 1630

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.	<input checked="" type="checkbox"/>	<input 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"/>	<input 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"/>	<input checked="" type="checkbox"/>	
2	Change compressor crankcase oil (annually).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3	Clean or replace air intake filter, as needed.	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	N/A
5	Inspect oil separators for any sign of oil entering the system.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
6	Inspect belt alignment and condition. Adjust or replace belts as required. Belts should be replaced in complete sets.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7	Check for corrosion and scale on water cooled units.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Clean heat exchange surfaces.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
9	Check accuracy of gauges with calibrated test gauge.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
10	On two stage compressor, check intermediate pressure.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
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"/>	<input 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"/>	<input 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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
14	Check if air compressor is running excessively or frequently cycling on and off (possible leaks).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**