

### CERTIFICATION OF WORK

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

FACID/Building: *Bowie MD066* Date of Visit: *10/18/19*

Contractor Personnel on Site:

1. *Brian Davis*

2. *Patrick Donovan*

#### Work Performed:

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

1. *11012, 11013, 11014 Boiler PM's, lights + Air Comp.*

**Service Calls** – Service Call Number and Description

1. CSS#

2. CSS#

3. CSS#

### CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: *Patrick Donovan* Date: *10/18/19*

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: *David Goodwin* Date: *Oct 23, 2019*

Signed: *[Signature]*

E-Mail: *david.a.goodwin.civ@mail.mil*

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

SITE AND BLDG #: White Plains HPD&C

MECHANIC SIGNATURE: [Signature]

DATE: 10/17/19

LOCATION/RM #: Blk # 2 WO# 11021 ASSET # HPD&C 245

START TIME: 1:30

FINISH TIME: 2:45

| CHECK POINT | CHECKPOINT DESCRIPTION  | TASK COMPLETE                       |    | NOTES/ ACTIONS  |  |
|-------------|---|-------------------------------------|----|---|--|
|             |   | YES                                 | NO | (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |  |
| 1           | 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"/> |    |   |  |
| 2           | 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"/> |    |   |  |
| 3           | Change compressor crankcase oil (annually).   | <input checked="" type="checkbox"/> |    |   |  |
| 4           | Clean or replace air intake filter, as needed.  | <input checked="" type="checkbox"/> |    |   |  |
| 5           | 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"/> |    |   |  |
| 6           | Inspect oil separators for any sign of oil entering the system.   | <input checked="" type="checkbox"/> |    |   |  |
| 7           | Inspect belt alignment and condition. Adjust or replace belts as required. Belts should be replaced in complete sets.   | <input checked="" type="checkbox"/> |    |   |  |
| 8           | Check motor starter contactor - inspect contacts for pitting or arcing  | <input checked="" type="checkbox"/> |    |   |  |
| 9           | Clean heat exchange surfaces.   | <input checked="" type="checkbox"/> |    |   |  |
| 10          | Check gauges to be in good condition  | <input checked="" type="checkbox"/> |    |   |  |
| 11          | On two stage compressor, check intermediate pressure.   | <input checked="" type="checkbox"/> |    |   |  |
| 12          | Test relief valves, replace if leaking. Do not readjust safety relief valves in the field.  | <input checked="" type="checkbox"/> |    |   |  |
| 13          | 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"/> |    |   |  |
| 14          | Check to make sure belt guard is installed prior to putting air compressor back in service.   | <input checked="" type="checkbox"/> |    |   |  |

| CHECK<br>POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|----------------|------------------------|---------------|----|---|
|                |                        | YES           | NO |   |

14 Check if air compressor is running excessively or frequently cycling on and off (possible leaks).

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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: