

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY039 Date of Visit: 2/10/21

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Patrick Brown</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

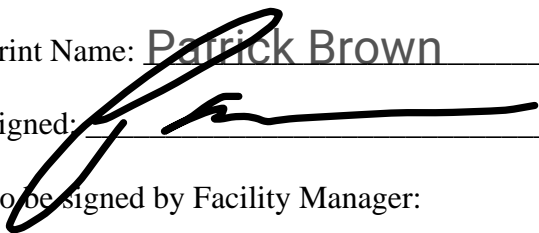
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S, 11541, 11582, 11583, 11773-11780,
2. 11841, 11844, 11857, 11869, 11870, 11506,
3. ASSET#'S, 9902, 9932, 9935, 9898, 9929, 9933,
4. 9934, 9930, 9940, 9941, 9946, 9947,
5. 190917-269,250,251,263,268,243,244,271,273

CERTIFICATION OF WORK

To be signed by the Contractor:

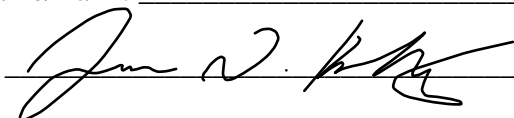
Print Name: Patrick Brown Date: 2/10/21

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: SSGT JAMES KELLEY Date: 2/10/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

AIR COMPRESSOR

SITE AND BLDG #: NY039 BLDG2

MECHANIC
SIGNATURE: 

DATE: 2/10/21

LOCATION/RM #: BLDG2 WO# 11506 ASSET # 190917-273

START TIME: 11:45am

FINISH TIME: 12pm

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
SPECIAL INSTRUCTIONS				
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"/>	<input type="checkbox"/>	
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	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 type="checkbox"/>	
2	Change compressor crankcase oil (annually).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Clean or replace air intake filter, as needed.	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	
5	Inspect oil separators for any sign of oil entering the system.	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	
7	Check motor starter contactor - inspect contacts for pitting or arcing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Clean heat exchange surfaces.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Check gauges to be in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	On two stage compressor, check intermediate pressure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	Test relief valves, replace if leaking . 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"/>	
13	Check to make sure belt guard is installed prior to putting air compressor back in service.	<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	
14	Check if air compressor is running excessively or frequently cycling on and off (possible leaks).	<input checked="" type="checkbox"/>	<input 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:

there is a CM request already submitted to have this compressor replaced