

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY127 Date of Visit: 2/9/21

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, 11511, 11865, 11883, 11884, 11512,
 2. 11849, 11866, 11885
 3. PM#'S, 190917-, 615, 645, 603, 622-627, 642,
 4. 651, 652, 659, 660, 686, 616, 636-640, 683,
 5. 709, 724, 703, 707, 710, 711, 714, 716, 700,
- 708
-

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 2/9/21

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: LARS LUFFMAN Date: 2/9/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST **AIR COMPRESSOR**

SITE AND BLDG #: NY127 BLDG2

MECHANIC
SIGNATURE: 

DATE: 2/9/21

LOCATION/ROOM #: MECH ROOM WO# 11512 ASSET # 190917-709

START TIME: 3pm

FINISH TIME: 3:30pm

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"/>	no obvious leaks or damage
2	Change compressor crankcase oil (annually).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	oil is new
3	Clean or replace air intake filter, as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	filter is new
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"/>	no oil found in the system
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"/>	belts are in good condition
7	Check motor starter contactor - inspect contacts for pitting or arcing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	no pitting or arcing
8	Clean heat exchange surfaces.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	surfaces are clean
9	Check gauges to be in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	gauges are in good condition
10	On two stage compressor, check intermediate pressure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	single stage
11	Test relief valves, replace if leaking . Do not readjust safety relief valves in the field.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	relief valve needs to be replaced
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"/>	cut in and cut out are correct
13	Check to make sure belt guard is installed prior to putting air compressor back in service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	belt gaurd is secured

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small>
		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"/>	air is leaking from the relief valve

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 ticket submitted already for this issue