

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: MD002 Date of Visit: 7/24/20

Contractor Personnel on Site:

- |                      |          |
|----------------------|----------|
| 1. <u>JOHN BROWN</u> | 3. _____ |
| 2. _____             | 4. _____ |

**Work Performed:**

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

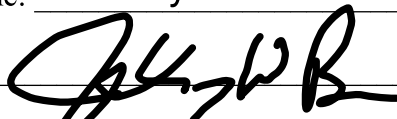
1. WOs 12351AN, 12373MO, 12387SA, 12435PMS, 12352AN, 12388SA, 12432PMS, 12353AN, 12389SA
2. 12390SA, 12391SA, 12423PMF, 12428PMR, 12392SA, 12429PMS
3. FENCE, FLOOD LIGHT, OVERHEAD DOOR CIRCULATION PUMP, AIR COMPRESSOR, AUTO ACCESS KEYCARD, OVERHEAD DOOR
4. AIPHONE
5. \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:


Print Name: Johnny W Brown Date: 7/24/20

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: SFC Jason Lamontagne Date: 7/28/20

Signed: 

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

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### AIR COMPRESSOR

<b>SITE AND BLDG #:</b>	MD002-05		<b>MECHANIC SIGNATURE:</b>	<b>DATE:</b>
		190918-167		
<b>LOCATION/RM #:</b>	<b>WO#</b> 12423	<b>ASSET #</b> 190918-167	<b>START TIME:</b>	<b>FINISH TIME:</b>
	12428			

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.			
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.	N/A		no air compressor in this building
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 motor starter contactor - inspect contacts for pitting or arcing			
8	Clean heat exchange surfaces.			
9	Check gauges to be in good condition			
10	On two stage compressor, check intermediate pressure.			
11	Test relief valves, replace if leaking . 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.			

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).			

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:**