

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: NY013 Date of Visit: 4/19/21

Contractor Personnel on Site:

1. _____ 3. _____
2. _____ 4. _____

Work Performed:

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

1. WO#'S, 12382 - 12386 , 12488 , 12298 , 12437 , 12473
2. ASSET#'S, 190917- , 131 , 141 , 144 , 9217 , 9247 , 9254 ,
3. 9252 , 9253 ,
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

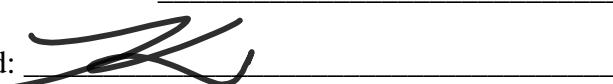
Print Name: Patrick Brown Date: 4/19/21

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: SFC KEVIN STEWART Date: 4/19/21

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST
AIR COMPRESSOR

SITE AND BLDG #: **NY013 BLDG2**

LOCATION/RM #: **BLDG2** WO# **12298** ASSET # **9254**
12386

MECHANIC
SIGNATURE: DATE: **4/19/21**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"/>		
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"/>		no obvious leaks or damage
2	Change compressor crankcase oil (annually).	<input checked="" type="checkbox"/>		oil is new
3	Clean or replace air intake filter, as needed.	<input checked="" 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"/>		
5	Inspect oil separators for any sign of oil entering the system.	<input checked="" 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"/>		belts are in good condition
7	Check motor starter contactor - inspect contacts for pitting or arcing	<input checked="" type="checkbox"/>		no pitting or arcing
8	Clean heat exchange surfaces.	<input checked="" type="checkbox"/>		surfaces are clean
9	Check gauges to be in good condition	<input checked="" type="checkbox"/>		gauges are in good condition
10	On two stage compressor, check intermediate pressure.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	single stage
11	Test relief valves, replace if leaking. Do not readjust safety relief valves in the field.	<input checked="" 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"/>		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"/>		belt gaurd is secured

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 description of the deficiency.

To be performed by: General Maintenance Worker

Additional Notes: