

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

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

FACID/Building: \_\_\_\_\_ Date of Visit: 07/12/21

Contractor Personnel on Site:

|          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Work Performed:**

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

74-76

45

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 07/12/21

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 Jason Lamontagne Date: 07/12/21

Signed: 

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

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

SITE AND BLDG #: **MD002 B-5** MECHANIC SIGNATURE:  DATE: **07/12/21**  
 LOCATION/RM #: **190918-167** START TIME: **0900**  
 WO# **14494** ASSET # **1630**

| CHECK POINT                                       | CHECKPOINT DESCRIPTION  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|---|---|---------------|----|---|
|   |   | YES           | NO |   |
| <b>SPECIAL INSTRUCTIONS</b>                       |   |               |    |   |
| 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.                           | /             |    |   |
| <b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b> |   |               |    |   |
| 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.                           | /             |    |   |
| 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<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). |               |    |   |

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:**