

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: 7/17/19

Contractor Personnel on Site:

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

Work Performed:

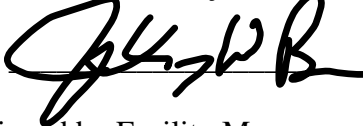
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 7/17/19

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: SSG Richard Gaytan Date: 7/17/19

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

AIR COMPRESSOR

 MECHANIC
SIGNATURE:



DATE: 7/17/19

START TIME: 0900

FINISH TIME: 1630



SITE AND BLDG #: MD024-01

LOCATION/RM #:

WO# 9057

ASSET # 1287

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|--|---------------|----|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 1 | In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered to. | / | | |
| 2 | 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 normal tour checks and operations. 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. | N/A | | |
| 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 for corrosion and scale on water cooled units. | / | | |
| 8 | Clean heat exchange surfaces. | / | | |
| 9 | Check accuracy of gauges with calibrated test gauge. | / | | |
| 10 | On two stage compressor, check intermediate pressure. | / | | |
| 11 | Test relief valves, replace if leaking or the relief range is incorrect. 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. | / | | |

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|----------------|---|--|----|---|
| | | YES | NO | |
| 13 | Check to make sure belt guard is installed prior to putting air compressor back in service. |  | | |
| 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:

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST FENCES

 MECHANIC
SIGNATURE:



DATE: 7/17/19

START TIME: 0900

FINISH TIME: 1630

SITE AND BLDG #: MD024-01

LOCATION/RM #: WO# 9057 ASSET # 1292

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|---|-------------------------------------|--------------------------|---|
| | | YES | NO | |
| SPECIAL INSTRUCTIONS | | | | |
| 1 | In addition to the procedure(s) outlined in this standard, the equipment manufacturer's recommended maintenance procedure(s) and/or instruction(s) shall be strictly adhered. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| TO BE PERFORMED AT EACH INSPECTION SERVICE | | | | |
| 1 | Check posts and corner posts, support guys, and horizontal bars between each support post. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Check wire and anchor point; re-stretch and re-anchor if necessary. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Inspect fence anchors along the bottom of the fence and at the point where the fence is connected to the post. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Treat with galvanized protectant where rust has developed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Inspect the bottom of the fence to ensure that there is not a gap larger than 2 inches under the fence. Stone or fill as necessary to bring the fence up to standard. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Check the top guard and ensure that it is properly fastened (angled out) and the wires are tight. Tighten as required. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 | Inspect all wire ties and replace as necessary constructed of the same marerial as the fencing fabric (minimum 9-gauge or heavier zinc coated) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

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To be performed by: General Maintenance Worker

Additional Notes: