

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: _____ Date of Visit: _____

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: _____ Date: _____

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: _____ Date: _____

Signed: 

E-Mail: _____

PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

AIR COMPRESSOR

SITE AND BLDG #: PA035-02

**MECHANIC
SIGNATURE:**
DATE:
LOCATION/RM #: **WO#** 9720 **ASSET #** 6693

START TIME: 6AM

FINISH TIME: 1PM

| 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. | X | | |
| 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. | X | | |
| 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. | X | | |
| 2 | Change compressor crankcase oil (annually). | X | | |
| 3 | Clean or replace air intake filter, as needed. | X | | |
| 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. | X | | |
| 5 | Inspect oil separators for any sign of oil entering the system. | X | | |
| 6 | Inspect belt alignment and condition. Adjust or replace belts as required. Belts should be replaced in complete sets. | X | | |
| 7 | Check for corrosion and scale on water cooled units. | X | | |
| 8 | Clean heat exchange surfaces. | X | | |
| 9 | Check accuracy of gauges with calibrated test gauge. | X | | |
| 10 | On two stage compressor, check intermediate pressure. | X | | |
| 11 | Test relief valves, replace if leaking or the relief range is incorrect. Do not readjust safety relief valves in the field. | X | | |
| 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. | X | | |

| CHECK POINT | CHECKPOINT DESCRIPTION | TASK COMPLETE | | NOTES/ ACTIONS <small>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)</small> |
|----------------|---|---------------|----|--|
| | | YES | NO | |
| 13 | Check to make sure belt guard is installed prior to putting air compressor back in service. | X | | |
| 14 | Check if air compressor is running excessively or frequently cycling on and off (possible leaks). | X | | |

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: