

**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. 9723AN, 9816MO, 9882SA, 9742AN, 9940SA
2. Compressed Air system, Air Dryer, outside lighting, Circulating Pump, Gates,
3. Overhead doors
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 #: **PA118-02**MECHANIC
SIGNATURE: DATE: **7-18-19**LOCATION/RM #: WO# **9742** ASSET # **6724**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	BAD MOTOR
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	BAD MOTOR
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 (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.	X		
14	Check if air compressor is running excessively or frequently cycling on and off (possible leaks).		X	BAD MOTION

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:

FOUND BREAKER TURNED OFF. TURNED ON MOTION WILL NOT START.
TURNED BELTS TO ✓ COMPRESSOR (OIL). MOTION IS BAD.