

**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 #: **PA168-02**MECHANIC  
SIGNATURE: DATE: **7-11-19**LOCATION/RM #:                      WO# **9758**                      ASSET # **6746**START TIME: **6AM**FINISH TIME: **1PM**

CHECK POINT	CHECKPOINT DESCRIPTION	TASK COMPLETE		NOTES/ ACTIONS (IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION)
		YES	NO	
<b>SPECIAL INSTRUCTIONS</b>				
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		
<b>TO BE PERFORMED AT EACH INSPECTION SERVICE</b>				
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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 discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### PRESSURE WASHER

 MECHANIC  
SIGNATURE:

DATE:

SITE AND BLDG #: PA168-02 -

LOCATION/RM #:

WO# 9758

ASSET # 6756

START TIME:

FINISH TIME:

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		
3	Turn off gas and electricity before servicing. Turn back on after completion	X		
TO BE PERFORMED AT EACH INSPECTION SERVICE				
1	Clean the strainer screen, in the hose connection at the float tank.	X		
2	Check the oil level. Change the oil after 50 hours of operation, and thenafter every 500 hours. Use SAE 30 weight non detergent oil.	X		
3	Use teflon tape or approved sealer on the plumbing connections when reassembling to prevent leakage.	X		
4	Deliming coils: Periodic flushing of the coils is recommended to extend coil life and prevent lime buildup. Clean coils as needed.	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 description of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**