

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: Main Building Date of Visit: 10/12/2021

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>Joshua Rux</u> | 4. _____ |
| 2. <u>Brian Benjamin</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | |
|--|
| 1. <u>Installed New BMS Front End System</u> |
| 2. <u>Updated Graphics</u> |
| 3. _____ |
| 4. _____ |

Inspection, Testing, and Certification

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

Other Recurring Services

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

Service Calls – Service Call Number and Description

- | |
|---|
| 1. <u>Fixed communication issue with BMS Field Controller</u> |
| 2. _____ |
| 3. _____ |

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Over and Above Repair Work – Order Number and Description of Work Completed

trouble shoot chilled water pump failure and
found bad Differential Pressure sensor

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joshua Raul Date: 1/19/2021

Signed: 

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: _____ Date: _____

Signed: _____

E-Mail: _____