

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. Joshua Run
2. Brian Benjamin
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. Installed New BMS front End System
2. Updated graphics
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. Fixed communication issue with BMS Field controller
2. _____
3. _____

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 Rens Date: 4/19/2021
Signed: [Signature]

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: _____