

4845

ATTACHMENT J-0200000-05
FORMSCERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: _____

Date of Visit: 11-14-19

Contractor Personnel on Site:

1. Milo D
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. N/A
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. N/A
2. _____
3. _____
4. _____

Other Recurring Services

1. N/A
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. C55# 22375 Leak in Kitchen ceiling
2. _____
3. _____

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

CSST#22375 Located leak @ both unions & ~~BB90°~~
@ Hot water supply line. AHU has been condemned
for several years. Valved off hot water line
Drained water out of coil

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Duff Date: 11-14-19
Signed: Michael Duff

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: Mike Moeman Date: 11/14/19

Signed: Michael Moeman

E-Mail: michael.moseman.ctr@mail.mil



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Energy Management Technologies, LLC
Service 518-631-6004 Main 518-783-7810 Fax 518-783-2079

FIELD REPORT

Follow-up Required? Yes No Describe

Customer Signature

Date

te 11-14-19

PO #

PO #
15522375