

CERTIFICATION OF WORK

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

FACID/Building: NY011 Bullville Date of Visit: 5/23/23
AMSA

Contractor Personnel on Site:

- | | | |
|---------------------------|-------------------|----------|
| 1. <u>David Hinnrichs</u> | <u>Armistead.</u> | 4. _____ |
| 2. _____ | | 5. _____ |
| 3. _____ | | 6. _____ |

Work Performed:

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

1. _____
2. _____
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. 5/23 DH. Isolate pump. Drain glycol, put into glycol tank. Isolate and
remove electric. Remove pump for repair. Impeller looks rough, may
2. require new at additional cost. Will verify.
3. _____

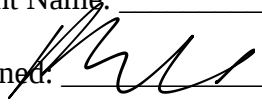
Over and Above Repair Work – Order Number and Description of Work Completed

CSS 92737 WO 21743
NY011 Bullville AMSA

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: David Hinnrichs Date: 5/23/23

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: _____