



## Mechanical HVAC Service Contractors

CMI Management

## HVAC

Phone: (518) 326-8450 • Fax: (518) 326-8435  
P.O. Box 311, 95 Hudson River Road  
Waterford, New York 12188

Job #

18799

Chris Bellini

8-8-22

**CUSTOMER SIGNATURE**

DATE

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

FACID/Building: WY060 Schowalter Date of Visit: 8/8/22

Contractor Personnel on Site:

1. MKE 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. 8941  
CSS# 10779 - fixed several leaks in the
2. Kitchen.
3. \_\_\_\_\_

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

OS5# ~~78777~~ for several leaks in  
8941 Td6 Kitchak!  
will quote fix.

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Mike Deull Date: 8-8-22  
Signed: Mike Deull

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: Chris Pothier Date: 8-8-22  
Signed: Chris Pothier

E-Mail: \_\_\_\_\_