

CERTIFICATION OF WORK

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

FACID/Building: PA 017

Date of Visit: 12-13-18

Contractor Personnel on Site:

1. Johnnie Harbold
2. Justin Angeletti
3. _____

4. _____
5. _____
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. PA 017-CSS14835-WO 6408- Replace blower assembly,
2. re insulate all exterior units.
3. _____

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

PAD17 - CSS 14835 WO 6408

Replace blower Assembly

Reinsulate outside Units

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Justin Angeletti Date: 12-13-18

Signed: Justin Angeletti

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: _____ Date: 12-13-18

Signed: _____

E-Mail: _____









CAUTION - MOVING PARTS.
DO NOT OPERATE UNLESS
WITH CABINET REMOVED.
CAUTION - RISK OF ELECTRIC
SHOCK. DISCONNECT POWER
BEFORE SERVICING UNIT.

ATTENTION - DÉCONNECTER
LE CIRCUIT D'ALIMENTATION
AVANT D'ENTRETEINIR.



CAUTION
Refrigerant R410A
used.
Be sure to use
liquid state R410A
when recharging.

MAINTENANCE
RECORD

| DATE | BY | DATE | BY |
|------|----|------|----|
| | | | |