

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: PA 166 Date of Visit: 2/26/19

Contractor Personnel on Site:

1. Jeff Gillis (Mechanical)
2. \_\_\_\_\_
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. Insulated <sup>Drain line</sup> Refrigerant line, 2 Diffusers (DID NOT REPLACE CERAMIC TILES)
2. \_\_\_\_\_
3. \_\_\_\_\_

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

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jeff Gillis Date: 2/26/19

Signed: Jeff A Gillis

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: Timothy S. Peters Date: 26 FEB 19

Signed: Timothy S. Peters

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

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CERTIFICATION OF WORK

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

FACID/Building: HEATED STORAGE Date of Visit: 9-18-18  
BUILDING

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>MIKE BATTUNG</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. <u>5196-CSS14834-PA166 16397 INVESTIGATE WATER LEAKS</u> |
| 2. _____  |
| 3. _____  |

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THAT NEEDS COMPLETED

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

ADD 2 CAPS FOR DISSURES  
INSTALL 24" OF ARNAFLER ON COMPENSATE LINE

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: MIKE BATTUNG Date: 9-18-18

Signed: Mike Battung

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: TIM PETERS Date:

Signed:

E-Mail:









