

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 (Mechanic) 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. Insulated Refrigerant line, 2 Diffusers Drain line (DID NOT REPLACE CEMENT TILE)
2. _____
3. _____

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

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: Jeffrey A. Deller

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 14

Signed: 

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
BUILDING

Date of Visit: 9-18-18

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. 5196-CSS14834- PA166 16397 INVESTIGATE WATER LEAKS
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 DILUTIONS
INSTALL 24" OF DRAFFLER 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: _____



ARMY HEAT EXCHANGER HEATED STOREAGE TANK
L1-C1



