

CERTIFICATION OF WORK

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

FACID/Building: CSS #25217 Date of Visit: 6/15/20

Contractor Personnel on Site:

1. Jeff Muscanell
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. Repair on continental upright cooler
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. Repair
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. ████████ 062207
2. _____
3. _____

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

062207- cooler found holding at 44°. condensing unit not running. turned up temp control. found compressor started. found thermostat not good.

Returned to job removed old thermostat installed new thermostat and mounted bulb in evap coil. secured all panels and plugged in. found control cycled off at 36 degrees and back on at 41°. unit cycled properly.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jeff Muscane II Date: 6/25/20
Signed: Jeff Muscane II

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: _____

No signatures due to covid procedures.