

ATTACHMENT J-0200000-05  
FORMS

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. <u>Jeff Muscanell</u> | 4. _____ |
| 2. _____                 | 5. _____ |
| 3. _____                 | 6. _____ |

Work Performed:

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

- |  |  |
|--|--|
| 1. <u>Repair on continental upright cooler</u> |  |
| 2. _____                                       |  |
| 3. _____                                       |  |
| 4. _____                                       |  |

Inspection, Testing, and Certification

- |                  |  |
|------------------|--|
| 1. <u>Repair</u> |  |
| 2. _____         |  |
| 3. _____         |  |
| 4. _____         |  |

Other Recurring Services

- |          |  |
|----------|--|
| 1. _____ |  |
| 2. _____ |  |
| 3. _____ |  |
| 4. _____ |  |

Service Calls – Service Call Number and Description

- |                                    |  |
|------------------------------------|--|
| 1. <u><del>062207</del> 062207</u> |  |
| 2. _____                           |  |
| 3. _____                           |  |

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

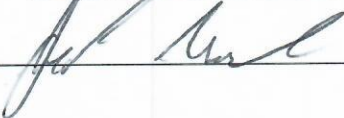
062207- cooler found holding at 44°. Condensing unit  
not running. turned up temp control. found compressor started.  
found thermostat not good.

Returned to job. Removed old thermostat installed new  
thermostat and mounted bulb in evaporator 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 Muscarell Date: 6/25/20

Signed: 

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.