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: John Detsco Date: 9/9/20

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: James P. Monagle Date: 9/9/2020

Signed: James P. Monagle

E-Mail: james.p.monagle.ctr@mail.mil

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

FACID/Building: BLDG 1 Date of Visit: 9/9/20

Contractor Personnel on Site:

1. TECH John D
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. #25217, checked condensor coil, evaporator
2. coil, compressor, and fans went through parameters
3. with factory, reset to 34-38. Also checked door seals & closing