

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY 128 Date of Visit: 8/13/20

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>KEVIN Kruk</u> | 4. _____ |
| 2. <u>DAVID HUFFMAN</u> | 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. _____
2. _____
3. _____

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

~~FRIGID~~ OR INSTALL ON Liebert Condensor
Charged UNIT DID STARTUP ON UNIT + Tested
Operation of UNIT NEED TO RETURN TO FINISH
AND COMPLET CHARGING OF UNIT

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: DAVID HUFFMAN Date: 8/13/20

Signed: David Huffman

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: Mike Moseman Date: 8/13/20

Signed: Mike Moseman

E-Mail: Michael.Moseman.ct@gmail.com

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

FACID/Building: _____ Date of Visit: 8/12/20

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>KEVIN Kruk</u> | 4. _____ |
| 2. <u>DAVID HOFFMAN</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

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3. _____

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

UN Hook & Recover Refrigerant Lines & Wiring
Remove Bad Liebert Condenser INSTALL
New Liebert Condenser Brazed in Refrigerant
Lines Pressure Tested Unit

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: DAVID HUFFMAN

Date: 8/12/20

Signed: David Huffman

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: Mike Moseman

Date: 8/12/20

Signed: Mike Moseman

E-Mail: michael.moseman.ctr@mail.mil