

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. Kevin Kruk
2. DAVID HUFFMAN
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. _____
2. _____
3. _____

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

~~Install~~ Install on Liebert Compressor
Charged unit did startup on unit & tested
Operations of unit need to return to finish
and complete 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.ctr@mail.mil

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

(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. KEVIN KRUK
2. DAVID HUFFMAN
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

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2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

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