

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY060 CSS 26032 Date of Visit: 10/14/20

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Adam Secord</u> | 4. _____ |
| 2. <u>Tim Slows</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. Tested HP 2-26 For Leaks
2. _____
3. _____
4. _____

Other Recurring Services

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

Service Calls – Service Call Number and Description

1. WO 9750 → Leak Search Heat Pump #2-26
2. _____
3. _____

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

Pulled HP 2-26 From Ceiling
Found leak, Repaired leak,
Recharged unit w/refrigerant R-410a
verified unit operation upon completion

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Timothy Robbins Date: 10/14/20

Signed: Timothy Robbins

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: Michael Moseman Date: 10/14/20

Signed: Michael Moseman

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