

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

FACID/Building: NY024 Date of Visit: _____

Contractor Personnel on Site:

1. Joseph Benedetto
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. WO # 15207 Replace both chilled water sensors on main chilled water lines, feeding Trane outdoor air cooled chiller, work consists of isolating both supply and return chilled water lines,draining glycol and removing old sensors and reinstalling new sensors reconnecting wiring re-filling with glycol removing all air out of lines to put system back into operation.
2. _____
3. _____

**ATTACHMENT J-0200000-05
FORMS**

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joseph Benedetto Date: 6/14/2022

Signed: Joseph Benedetto

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: