

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 4. _____
2. _____ 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. After replacement of flow switch there was not enough glycol in transfer tank to re-fill system back up, need at least 25 gallons of glycol, system freon levels must be checked all air must be eliminated from system . Glycol was added and system was checked and now in good 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: 7/25/2022

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: