

CERTIFICATION OF WORK

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

FACID/Building: 060 Scheduled

Date of Visit: 10-25-22

Contractor Personnel on Site:

1. Mike D
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

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

Inspection, Testing, and Certification

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

Other Recurring Services

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

Service Calls – Service Call Number and Description

1. C55#1819 801100388 INSTALLED NEW control board AT condenser
2. for ~~SPR~~ SPR Rm. UNIT STARTED UP FOR ABOUT 5 SEC THEN FLASHED CODE
3. 2 ground Red flashes. OHM B w/ compressor, DIRECT start to ground.

will quote fix, Mike Nossman is aware of issue

BPI Recommends Replace unit of condenser unit & SWAP

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

CSS# 1819 BPI 100388 INSTALLED NEW CONTROLLER BOARD
@ RADIATOR FOR S1PR RM. UNIT STARTED UP FOR ABOUT 5 SEC THEN
FLASHED CODE 2 AND 1 (green, OHM's) AT COMPRESSOR, DIRECT SHORT
TO COORDS, WILL QUOTE FIX. MIKE MOSSEMAN IS AWARE OF ISSUE
BPI RECOMMENDS REPLACEMENT OF RADIATOR UNIT.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Daulton Date: 10-25-22
Signed: m/d

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: Chris Pothier Date: 10-25-22
Signed: Chris Pothier
E-Mail: christopher.n.pothier ctr@army.mil