

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY 060 Schenectady Date of Visit: 10.25.22

Contractor Personnel on Site:

1. Mike
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. CSS# 1819 BPI 100388 installed new control board at condenser
2. for S&P Rm. unit started up for about 5 sec then flashed code
3. 2 ground Red flashes. OHM's w/ compressor. Direct short to ground.
will quote fix, Mike Nossenman is aware of issue
BPI Recommends Replacement of condenser unit & swap

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

CSS# 1819 BPI 100388 INSTALLED NEW CONTROLLER BOARD
@ CADENCE FOR SUPR RM. UNIT STARTED UP FOR ABOUT 5 SEC THEN
FLASHED CODE 2 red 1 green, OHM'D OUT COMPRESSOR, DIRECT SHORT
TO GROUND, WILL QUOTE FIX. MIKE MOSSEMAN IS AWARE OF ISSUE
BPI RECOMMENDS REPLACEMENT OF CADENCE UNIT.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Duxell Date: 10-25-22
Signed: [Signature]

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: [Signature]
E-Mail: christopher.n.pothier.ctr@army.mil