

CERTIFICATION OF WORK

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

FACID/Building: VASO Date of Visit: 6/10/20
Contractor Personnel on Site:

1. Jeremy 2. Jason

Work Performed:

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

1. WO# 12322

Service Calls - Service Call Number and Description

1. CSS# 25194
2. CSS# _____
3. CSS# _____

Compressor Change Out
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jeremy Gray Date: 6/10/20

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: _____ Date: _____

Signed: _____

E-Mail: _____



D16

CAUTION
HIGH VOLTAGE

TRANE
3-D SCROLL
MODEL # CSMA150K2F 05
SERIAL # 20030271A
PART # 5760 15 153 100

WARNING CAUTION
TRANE 3-D SCROLL
MODEL # CSMA150K2F 05
SERIAL # 20030271A
PART # 5760 15 153 100
MADE IN MEXICO