

100038

CERTIFICATION OF WORK

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

FACID/Building: NY059 Rotterdam Date of Visit: 9-22-22

Contractor Personnel on Site:

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

Work Performed:

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

1. N-A
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. N-A
2. _____
3. _____
4. _____

Other Recurring Services

1. N-A
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. ASS# 89939 found DAMPER ACTUATOR loose on BRACKET
2. LINKAGE ARM off of ACTUATOR shaft, Realigned everything cycled
3. ops NORMAL, found SEVERAL BROKEN DEFUSERS flex JUT. will
QUOTE A FIX.

ATTACHMENT J-0200000-05
FORMS

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

CSS# 89939 found DAMPS ACTUATOR LOOSE ON SUPPORT
BRACKET & LINKAGE ARM OFF OF ACTUATOR SHAFT. Reattached
EVERYTHING, cycled, ops NORMAL

found SEVERAL BROKEN RETURN DEFUSERS, FLEX DET.
will QUOTE A fix for NEWS RM EX FAN.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 9-22-22
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: 9-22-22
Signed: [Signature]
E-Mail: christopher.n.pothier.cdr@army.mil