

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 J*
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. *CS# 89939 found DAMPER ACTUATOR Loose on BRACKET &*
2. *LINKAGE ARM off of ACTUATOR SHAFT, Parallel EVERYTHING cycled*
3. *ops Normal, found SEVERAL broken deforsors & flex. but. will QUOTE A fix.*

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

CSST 89939 found DAMP ACTUATOR loose on support  
BRACKET & LINKAGE ARM off of ACTUATOR shaft. ReAttached  
EVERYTHING, cycled, ops Normal

found several BROKEN RETURN diffusers, FLEX Duct.  
will QUOTE A fix for new/s rim EX/fix.

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**CERTIFICATION OF WORK**

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To be signed by the Contractor:

Print Name: Mike Dull Date: 9-22-22  
Signed: m/ Dull

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: Chris Pothier  
E-Mail: christopher.n.pothier.ctr@army.mil