

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: WY059 Rotterdam Date of Visit: 11-4-22

Contractor Personnel on Site:

- | | |
|----------------|----------|
| 1. <u>Mike</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | | |
|--------------|-------|
| 1. <u>NA</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Inspection, Testing, and Certification

- | | |
|--------------|-------|
| 1. <u>NA</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Other Recurring Services

- | | |
|--------------|-------|
| 1. <u>NA</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Service Calls – Service Call Number and Description

- | | |
|--|-------------------|
| 1. <u>CSS# 89939</u> | <u>BPI 100038</u> |
| 2. <u>Removed All Broken fuses & flex duct</u> | _____ |
| 3. <u>Replaced All with NEW MATERIAL</u> | _____ |

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

CSS# 89939 BPI 100039
REMOVED ALL BROKEN DEFUSERS & FLEX DUT.
REPLACED EVERYTHING WITH NEW MATERIAL

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 11-4-22
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: 11-4-22
Signed: *[Signature]*

E-Mail: _____