

CERTIFICATION OF WORK

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

FACID/Building: NY059 Rotterdam Date of Visit: 11-4-22

Contractor Personnel on Site:

1. Milo D
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. CSS# 89939 BPI 100038
2. Repaired All broken defuses & flex duct
3. Replaced All with NEW MATERIAL

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

CSS# 89939 BP1 1000 39
REMOVED ALL BROKEN DAFUSERS & FLEX DUCT,
REPLACED EVERY DUCT WITH NEW MATERIAL

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 11-4-22
Signed: Mike 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: 11-4-22
Signed: Chris Pothier

E-Mail: _____