

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

SEASONAL CHANGE OVER

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: RAMON VILLANUEVA Date: 5/20/2020
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: Vincent Gordon Date: June 17, 2020
Signed: [Signature]
E-Mail: _____

CERTIFICATION OF WORK

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

FACID/Building: N-7024 Date of Visit: 5/20/2020

Contractor Personnel on Site: ADPFA - W. O. A

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

Work Performed:

BLDG - 208 - 356 - 358

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

SEASONAL CHANGE OVER

1. _____
2. POWERWASH CHILLER - DONE
3. _____
4. _____

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls - Service Call Number and Description

1. _____
2. _____
3. _____