

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

FACID/Building: NY058 MAFN Date of Visit: 5/22/20

Contractor Personnel on Site:

1. Phil Spencer 2. Jim Guetz

Work Performed: WO# 8229

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders -

| Asset # | Qty | Asset Description |
|---------|-----|---------------------------|
| | | NY058 |
| | | SHUT DOWN Boilers |
| | | START A/C SYSTEM |
| | | RESET SUPPLY FAN AHU -1-T |
| | | Reset Fresh STAT H2V1-T |
| | | SET COLLECT POINT ON AHU |
| | | VAUS TO 72 |
| | | CHECK ENTIRE BUILDING |
| | | RESET OCCUPIES SUPPLY TO |
| | | 66 |

CERTIFICATION OF WORK

To be signed by the Contractor:

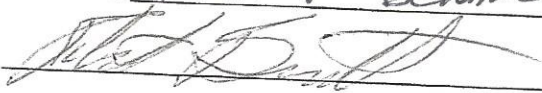
Print Name: Tom Wolke Date: 5/22

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: Robert Bennett Date: 5/26/2010

Signed: 

E-Mail: _____



AR 420-1 mandates the
following thermostat settings:
Heating = 68°F & Cooling = 76°F

05/19/2020



AR 420-1 mandates the
following thermostat settings:
Heating = 66°F & Cooling = 76°F

05/19/2020



AR 420-1 mandates the
following thermostat settings:
Heating = 68°F & Cooling = 78°F

