

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY059-01 Date of Visit: 3-4-19 → 3-8-19

Contractor Personnel on Site:

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

Work Performed:

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

1. Overhead Vehicle exhaust: 10419, 10420, 10421
2. Condensing Unit: 10350, 10351, 10352, 10353
3. Mini Split: 10356, 10357, 10358, 10359, 10360, 10361, 10362
4. Generator: 10374

Inspection, Testing, and Certification

1. Air handler: 10349
2. AC Unit: 10348
3. _____
4. _____

Other Recurring Services

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

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Chris Pothier Date: 3-8-19
Signed: Chris Pothier

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: Cynthia Traverse Date: 3 March 2019
Signed: Cynthia Traverse

E-Mail