

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY060 - 01/02 Date of Visit: 2-20-20

Contractor Personnel on Site:

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

Work Performed:

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

1. VAV: 10436
2. Ice Maker: 10456
3. Fridge/Freezer: 10451, 10453, 10454, 10455
4. Water Heater: 10493, 10494, 10528, 10529, 10530

~~Inspection, Testing, and Certification~~

1. Time Clock: 10499, 10536
2. Exit Signs: 10500, 10538
3. Expansion Tank: 190917-322, 190917-339, 190917-340 | 362 | 363
4. Thermostatic Mixing Valve: 190917-342, 190917-360, 190917-372

~~Other Recurring Services~~

1. Air Separator: 190917-368
2. Water Circulation Pump: 190917-323 | 324 | 325 | 326 | 327 | 328 | 364 | 365 | 366 |
3. 367 | 368
4. Glycol Pump: 190917-330 | 331 | 332 | 333 | 334 | 335 | 336 | 337

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

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To be signed by the Contractor:

Print Name: Chris Pothier Date: 2-20-20

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: Mike Moseman Date: 2/20/20

Signed: *Mike Moseman*

E-Mail: michael.moseman.cto@nrcis.mn.