

CERTIFICATION OF WORK

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

FACID/Building: NY128-01102/03 Date of Visit: 8-29-19

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. Fridge/Freezer: 10802, 10803, 10805
2. Ice maker: 10804
3. Water Heater: 10846, 10847, 10848
4. Exit signs: 10856, 10893

**Inspection, Testing, and Certification**

1. Card Access: 10897, 10895, 10862
2. Control Panel: 10796
3. VAV: 10795
4. Outdoor lighting: 10855

**Other Recurring Services**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Service Calls – Service Call Number and Description**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

Replaced water dispensing valve on first floor water fountain.

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Chris Pothier Date: 8/29/19  
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: Michael Moseman Date: 8/29/19  
Signed: M. Moseman  
E-Mail: Michael.Moseman.ct@mail.mi/