

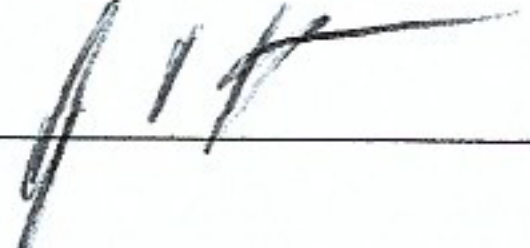
Over and Above Repair Work – Order Number and Description of Work Completed

Replace cartridge circulator pump check
water heater operation and temperature
control adjust in C-more controller

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Jeff Baxter Date: 1-6-2023

Signed: 

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: Chris Pothier AFOS Date: 1-6-23

Signed: 

E-Mail: _____

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY060

Date of Visit: 01.06.23

CSS 548, WO 19377
Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Jeff Baxter</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

1. _____
2. _____
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. _____