

ATTACHMENT J-020000
FORMS

CERTIFICATION OF WORK

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

FACID/Building: AMSA Date of Visit: 5/13/20

Contractor Personnel on Site:

1. Jeffrey Schussler -
2. Pat Scanlon - 5. 845-417-6503
3. Joe Bayne - 6. 703-738-5304

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. WO. 161003790 (Encor) - Room 169 Battery charging,
2. found MVA-1 panel locate Binary output 16
3. for SS fan - selected on at HOA switch
to Hand on OK - computer is no good
Needs new work station
computer & upgrade to
control system.

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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: Kevin Kruk Date: 5/13/20

Signed: KK

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: Pat Scanlon Date: 5/13/20

Signed: _____

E-Mail: _____