

21-0008745

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: MX054 Date of Visit: 9/13/21

Contractor Personnel on Site:

1. Doug Howard 4. _____
2. _____ 5. _____
3. _____ 6. _____

Work Performed:

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

1. Boiler Asset #10081 p.m.
2. Boiler Asset #10090 p.m.
3. _____
4. _____

Inspection, Testing, and Certification

1. Plum P 1, 2, 3, 4, 5
2. Heat exchanger
3. Air vents
4. _____

Other Recurring Services

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

Service Calls - Service Call Number and Description

1. Fan Thermostat Broken in Gym.
2. Recover Replacing.
3. Gym hot no heat

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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:

To be signed by the Contractor:
Print Name: Dag Hauke Date: 9/13/21
Signed: ms 9/13/21

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 Ansga G59 Date: 3 Sep 11
Signed: 
E-Mail: