

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: WY054 Date of Visit: 9/13/21

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Doug Howard</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | |
|-------------------------------------|
| 1. <u>Boiler Asset # 10089 p.m.</u> |
| 2. <u>Boiler Asset # 10090 p.m.</u> |
| 3. _____ |
| 4. _____ |

Inspection, Testing, and Certification

- | |
|------------------------------|
| 1. <u>Pump 1, 2, 3, 4, 5</u> |
| 2. <u>Heat exchanger</u> |
| 3. <u>Air Cans</u> |
| 4. _____ |

Other Recurring Services

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Service Calls - Service Call Number and Description

- | |
|---|
| 1. <u>Fan Thermostat Broken in Gym.</u> |
| 2. <u>Recessed Relying.</u> |
| 3. <u>Gym has no heat</u> |

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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: Doug Howard Date: 9/13/21
Signed: [Signature]

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 Anzola GS9 Date: 13 Sep 21
Signed: [Signature]
E-Mail: _____