

CERTIFICATION OF WORK

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

FACID/Building: NY060

Date of Visit: 7/25/2022

CSS 548, WO 17635

Contractor Personnel on Site:

- |  |          |
|--|----------|
| 1. <u>Jeff Baxter -Technology Plus LLC</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. <u>Aesco Innovation 800 G-13-1541 Flame during Ignition Fault</u>   |
| 2. <u>Need SSOD <del>GPU</del> Replacement and CPU Board Replacement</u>   |
| 3. <u>Aesco Innovation 800 G-12-1542 CPU Board needs replaced</u><br><u>Air/Flow Faults need condensate store Replaced. Both water wheels</u><br><u>need maintenance</u> |



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

---

---

---

---

---

---

---

---

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jeff Dexter Date: 7/25/22

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 Pothier AFOS/DPW Date: 7/25/22

Signed: [Signature]

E-Mail: christopher.n.pothier.ctr@army.mil