

CERTIFICATION OF WORK

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

FACID/Building: ____USRAC____ Date of Visit: ____2/13/19 2/14/19____
Contractor Personnel on Site:

1. _____ 2. _____

Work Performed:

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

1. WO# _____

Service Calls – Service Call Number and Description

1. CSS#____Changed out bad compressor on 10 ton AC unit and removed old filter dryer and old 410a Freon. Installed new filter dryer and new compressor. Pulled vacuum and leak checked unit. Added new 410a Freon and changed bad 60 amp fuse. Checked system ops. And they are normal at this time. _____
2. CSS# _____
3. CSS# _____

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To be signed by the Contractor:

Print Name: __Stacy Duty____ Date: ____2/14/19____

Signed: ____Stacy Duty____

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: ____ROBERT DEMEO____

Date: __2/14/19____

Signed: ____ROBERT DEMEO____

E-Mail: _____