

CERTIFICATION OF WORK

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

FACID/Building: NY001-01 Date of Visit: 6-11-19

Contractor Personnel on Site:

1. Chris Pothier
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. Gate: 9075, 9076, 9077
2. Vent Hood: 9069, 9070, 9004
3. Exhaust Fan: 9001, 9002
4. Sub Pump: 9067, 9068

Inspection, Testing, and Certification

1. Unit Heater: 9005
2. Ceiling Fan: 9003
3. _____
4. _____

Other Recurring Services

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

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

**ATTACHMENT J-0200000-05
FORMS**

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Chris Pathic Date: 6-11-19

Signed: Chris Pottin

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: Mike Noseman Date: 6/11/19

Signed: Mhd. Noor

E-Mail: Michael.Moseman-ctr@mail.msu.edu