

CERTIFICATION OF WORK

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

FACID/Building: NY059-01 Date of Visit: 9.13.19

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. Air Handler: 10349
2. Generator: 10374
3. Overhead Exhaust: 10419, 10420, 10421
4. Condensing Unit: 10350, 10351, 10352, 10353

Inspection, Testing, and Certification

1. Mini Split: 10356, 10357, 10358, 10359, 10360, 10361, 10362
2. \_\_\_\_\_
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 Pothier Date: 9.13.19  
Signed: Chris Pothier

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: Michael Moseman Date: 9/13/19

Signed: Mhd. Noor

E-Mail: michael.moschner.ofr@mail.tu-milano.it