

CERTIFICATION OF WORK

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

FACID/Building: Saugerties Date of Visit: 10/14/21

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>Mike Dvall</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. CSS # 28398, WO# 11484 -> Removed Broken Condensate
2. lines @ Boiler 1+2, Replaced
3. w/ New.

ATTACHMENT J-0200000-05
FORMS

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

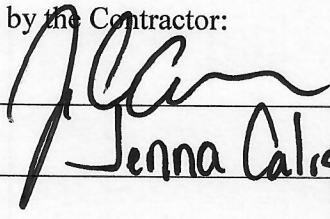
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____

Date: _____

Signed: _____


Jenna Caligaris

12/8/21

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: _____

Date: _____

Signed: _____

E-Mail: _____