

10105

CERTIFICATION OF WORK

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

FACID/Building: NY060

~~Schaeffelin~~

Date of Visit: 9-22-22

Contractor Personnel on Site:

1. M.6.D
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work Performed:**

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

1. N-A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Inspection, Testing, and Certification**

1. N-A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Other Recurring Services**

1. N-A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Service Calls** - Service Call Number and Description

1. CSS# 34604 fixed leak @ Pup 2A
2. Left bucket of Glycerol near Cylindrical tank.
3. \_\_\_\_\_

ATTACHMENT J-0200000-05  
FORMS

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

CSST# 34604      Fixed LEAK @ Pump 2A  
Left Bucket of Glyrol near Glycol Tank

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**CERTIFICATION OF WORK**

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To be signed by the Contractor:

Print Name: M/6 Daryl      Date: 9-22-22  
Signed: M/6 Daryl

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      Date: 9-22-22  
Signed: Chris Pothier  
E-Mail: christopher.m.pothier.ctr@army.mil