

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY060 Schenectady Army

Date of Visit: 10-3-22

Contractor Personnel on Site:

- |                  |          |
|------------------|----------|
| 1. <u>Mike D</u> | 4. _____ |
| 2. _____         | 5. _____ |
| 3. _____         | 6. _____ |

Work Performed:

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

- |               |       |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____      | _____ |
| 3. _____      | _____ |
| 4. _____      | _____ |

Inspection, Testing, and Certification

- |               |       |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____      | _____ |
| 3. _____      | _____ |
| 4. _____      | _____ |

Other Recurring Services

- |               |       |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____      | _____ |
| 3. _____      | _____ |
| 4. _____      | _____ |

Service Calls - Service Call Number and Description

- |  |       |
|--|-------|
| 1. <u>CSS# 8941 BR#10053</u>                               | _____ |
| 2. <u>Fixed All leaks @ Booster Heaters for Dishwasher</u> | _____ |
| 3. <u>\$ Deep Sink. ops Normal</u>                         | _____ |

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

CSS# 8941 BPI# 10053  
Fixed All Leaks @ Booster Heaters for Dishwasher  
& Deep Sink. QPS Normal

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dally Date: 10-3-22  
Signed: [Signature]

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: 10-3-22  
Signed: [Signature]  
E-Mail: christopher.n.pothier.cdr@army.mil