

CERTIFICATION OF WORK

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

FACID/Building: NY060 Schenectady
ARTM

Date of Visit: 10-3-22

Contractor Personnel on Site:

1. Miko 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# 8941 BRI#10053
2. Fixed All Leaks @ Booster Heaters for Dishwasher
3. #1 Deepsink. ops Normal

ATTACHMENT J-0200000-05
FORMS

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. CPS Normal

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Duff Date: 10-3-22
Signed: Mike Duff

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: Chris Pothier

E-Mail: christopher.n.pothier ctr@army.mil