

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY054 Plattsburgh

Date of Visit: 10-18-22

Contractor Personnel on Site:

1. MICHAEL
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. C55#90342 → RETURN LINE UNION LEAKING,
2. AUTO AIR VENT BAD.
3. \_\_\_\_\_

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

CSST# 90342, NOT ABLE TO LOOSE ~~DIELECTRIC UNION~~  
RepAcad UNION, 90°, AUTO VENT & MTE ADPTR, NO LEAKS  
OPS Normal  
UNIT HAS LARGE AMOUNTS of RUST on pipe Header

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CERTIFICATION OF WORK

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To be signed by the Contractor:

Print Name: Jeff Dull Date: 10/18/22  
Signed: Jeff Dull

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: SSG Adriana Nunez Date: 18 Oct 22  
Signed: ADN

E-Mail: adriana.n.nunez.mil@army.mil

SIGNED FOR RON DOG