

[illegible]

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY060 Date of Visit: 6-29-22

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 # 594</u> | <u>will relocate Backflow preventer</u> |
| 2. <u>TO 36" & install condensate pump for DRAIN</u> | |
| 3. _____ | <u>will give QUOTE</u> |

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

CSS #594 will Relocate BACKFLOW PREVENTER DOWN
NEAR FLOOR. INSTALL NEW CONDENSATE PUP FOR DRAIN.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Mike Dull

Date:

6-30-22

Signed:

Mike 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:

Chris Pothier

Date:

6-30-22

Signed:

Chris Pothier

E-Mail: