



## Mechanical HVAC Service Contractors

**Phone: (518) 326-8450 • Fax: (518) 326-8435  
P.O. Box 311, 95 Hudson River Road  
Waterford, New York 12188**

## HVAC

Job #

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. Mile 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 # 594 will relocate Backflow preventer
2. To 36" & install condensate pup for DRAIN
3. Will give quote

ATTACHMENT J-0200000-05  
FORMS

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

CSS#594 will relocate backflow preventer down  
near floor. install new condensate line for drain.

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**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: \_\_\_\_\_