

CERTIFICATION OF WORK

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

FACID/Building: NY 059 Rotterdam Date of Visit: 6-16-23

Contractor Personnel on Site:

1. Mike 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. CS5 #91965 BPI 101200
2. DRAINED HEATING LOOP @ Building. Radiator BROKEN, control
3. VALVE, FIX TUBE, BALL VALVES, FILTER LOOP, NO LEAKS, CPS NORMAL

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

ASS#91965 BPI 101200
DRAINED HEATING LOOP @ Building. Replaced BROKEN
CONTROL VALVE, FIX TUBE & BALL VALVES. FILLED HEATING LOOP.
NO LEAKS; OPS NORMAL

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Duggill

Date: 6-16-23

Signed: m/d

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 AFOS Date: 6-16-23

Signed: Chris Pothier

E-Mail: _____

#103060

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

Date of Visit: 5-26-23

Contractor Personnel on Site:

1. Mike 
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. W-A
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. W-A
2. _____
3. _____
4. _____

Other Recurring Services

1. W-A
2. _____
3. _____
4. _____

Service Calls - Service Call Number and Description

1. CS5#21459 BPI 10/30/2023 10/1357
2. INSTALLED NEW ACTUATOR @ Loop valve for HP-2-19 ops Normal
3. Reversed Piping @ HP-2-25. ops Normal

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

ASS# 21459 BPI ~~10-2065~~ 101357

INSTALLED NEW ACTUATOR @ LEAD VALUE FOR HP 2-19 CPS
ROUND FAN AT HP - 2-25 CPS NORM. NUREL

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dugan Date: 5

Signed: John Dell

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 AFOS Date: 5-26-23

Signed: Chris Patten

E-Mail: