

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. <u>Mike</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>QSS#91965</u> | <u>BPI 101200</u> |
| 2. <u>DRAINAGE HEATING Loop @ Building</u> | <u>Replaced BROKEN, control</u> |
| 3. <u>VALVE, FINTUBE, BALLVALVES, Filled Loop, NO LEAKS, ops NORMAL</u> | |

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

CSS#91965 BPI 101200
DRAINED HEATING LOOP @ Building. Replaced BROKEN
CONTROL VALVE, FIB Tube & BALL VALVES. Filled HEATING Loop.
NO LEAKS, ops NORMAL

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Mike Dugall

Date:

6-16-23

Signed:

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 SchenectadyDate 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. 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# 21459 BPI 103060 10/357
2. INSTALLED NEW ACTuator @ Loop valve for HP-2.19 ops Normal
3. Revised FAN @ HP-2.25 ops Normal

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

OS# 21459 BPI ~~103065~~ 101357
INSTALLED NEW ACTUATOR @ Loop Valve for HP 2-19 g/s
Revised AN AT HP-2 25 g/s NURIA NURIA

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Mike Dugall

Date:

5-26-23

Signed:

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 Pothier

E-Mail: