

CERTIFICATION OF WORK

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

FACID/Building: NY060 Schenectady Date of Visit: 10-27-22

Contractor Personnel on Site:

1. Misc Dull
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. U-A
2. _____
3. _____
4. _____

Other Recurring Services

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

Service Calls – Service Call Number and Description

1. CSS# 1401 BPI 100392 Replaced BACKFLOW Preventer
2. @ 2nd fir Boiler Rm. No leaks.
3. ops Normal

ATTACHMENT J-0200000-05
FORMS

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

CSS# 1401 BRT 100392 Replaced Backflow
Preventer @ 2nd FIR Boiler Rm. No leaks -
ops NORMAL

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Duggan Date: 10-25-22
Signed: [Signature]

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: 10-27-22
Signed: [Signature]
E-Mail: christopher.n.pothier.ctr@army.mil