

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY060 Schwartz Date of Visit: 10-31-22

Contractor Personnel on Site:

- | | |
|----------------|----------|
| 1. <u>Mico</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>CS# 90374</u> | <u>BPI 100459</u> | <u>GOT MATERIAL LIST</u> |
| 2. <u>\$measurements</u> | <u>for installation of</u> | <u>Emergency/ SHUT DOWN</u> |
| 3. <u>switch</u> | <u>for boilers.</u> | _____ |

ATTACHMENT J-0200000-05
FORMS

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

CSS# 90374 BPI# 100459

GOT LIST of MATERIAL for installing NEW Boiler
SHUT Down SWITCH.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dwell Date: 10-31-22

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: 10-31-22

Signed: [Signature]

E-Mail: christopher.n.pothier.ctr@army.mil

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: 12-9-22

Contractor Personnel on Site: 100664

- | | |
|------------------|----------|
| 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# 90374</u> | <u>Run 3/4" EMT ACROSS BOILER RM</u> |
| 2. <u>From BOILERS TO BACK DOOR. Cycled POWER FROM</u> | |
| 3. <u>NEW EMERGENCY SHUT OFF SWITCH - QRS NORMAL</u> | |

ATTACHMENT J-0200000-05
FORMS

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

RAO 3/4" ENT ACROSS BOILER RM FROM
BOILERS TO BACK DOOR. Cycled Power from EMERGENCY
SHUT OFF SWITCH CPS Normal

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 12-9-22

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 AFOS Date: 12-9-22

Signed: [Signature]

E-Mail: _____