

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY128/SACUETIES

Date of Visit: 2.10.23

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. CSS

BPI

2. Replaced indoor fan motors's, hot surface igniter, & controllers At

Take Heaters @ OMS Bldg. All 4 heaters are OK

CPSXlorwut

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

CSST

RP1

Replaced indoor fan MOTORS, HOT surface CONTACTORS
& controls @ TWO HUSTERS @ OMS BUILDING
ALL 4 HUSTERS ARE OK.

gps Norus

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 2-10-23

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 AFOS Date: 2-10-23

Signed: Chris Pothier

E-Mail: _____