

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: NY 128 SADDLES 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. OSS
2. Replaced minor fan motors, BPI
3. Two Hotters @ OMS Bldg. All 4 Hotters are OK
ops/keru

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

CSST# BP1
Replaced indoor fan motors, hot surface heaters
& controller @ T-200 Heaters @ CMS Building
All 4 Heaters are OK.
ops Manual

CERTIFICATION OF WORK

To be signed by the Contractor:

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

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: 2-10-23

Signed: [Signature]

E-Mail: _____