

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: 1-16-23

Contractor Personnel on Site:

1. <u>MIC</u>	4. <u></u>
2. <u></u>	5. <u></u>
3. <u></u>	6. <u></u>

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. NA
2.
3.
4.

Inspection, Testing, and Certification

1. NA
2.
3.
4.

Other Recurring Services

1. NA
2.
3.
4.

Service Calls - Service Call Number and Description

1. ISS 91354
2. REMOVED BAD CIRC PUMPS AT EA BOILER REPLACED WITH
3. NEW GRUNDFOSS CIRC PUMPS. NO LEAKS. OPS NORMAL

ATTACHMENT J-0200000-05
FORMS

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

CSS# 91354 BPI 100944
REMOVED BAD CIRC PUPS AT EA. Boiler.
REPLACED WITH NEW GROUND FOS CIRC PUPS.
NO LEAKS. OPS NORMAL

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: _____

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: _____

Signed: 

E-Mail: _____