

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: NY128 SPOLOFIES Date of Visit: 2-9-23

Contractor Personnel on Site:

1. Mike
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# 91405 BP1 100950
2. Replaced condenser front switch @ Boiler #2 Also replaced 1/2 x 3/8
3. BARB failure due to small crack & water leak
Boiler #2 gas valve

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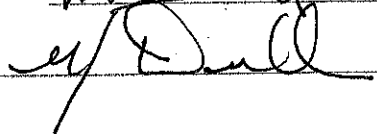
Over and Above Repair Work – Order Number and Description of Work Completed

QSS# 91405 BPI/00950
Replaced Boiler Condensate Float Switch AT Boiler #2
Also Replaced YZK Y8 CARB Fitting DUE TO SMALL CRACK
& LEAK. Boiler #2 ops Normal.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 2.9.23

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: 2-9-23

Signed: 

E-Mail: _____