

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY128 SANOFIES

Date of Visit: 2-9-23

Contractor Personnel on Site:

1. MICHAEL
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. D.A
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. W-A
2. _____
3. _____
4. _____

Other Recurring Services

1. N-A
2. _____
3. _____
4. _____

Service Calls - Service Call Number and Description

1. CS5# 91405 8P1 100950
2. Replaced condensate float switch @ Boiler #2 Also replaced 1/2 X 5/8
3. BAR B float due to small crack & water leak

Boiler #2 ops Normal

ATTACHMENT J-0200000-05
FORMS

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

CSS#91405 BP1100950
Replaced Boiler #2 pressure float switch AT Boiler #2
Also Replaced Y2X Y8 BAKE fitting DUE TO SMALL CRACK
& LEAK. Boiler #2 CPS Normal.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 2-9-23
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: 2-9-23
Signed: Chris Pothier

E-Mail: _____