

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY060

Date of Visit: 2.2.23

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. NA

2. _____

3. _____

4. _____

Service Calls – Service Call Number and Description

1. CSS 91683

BP1 101097

2. REMOVED BROKEN INDUOR FAN MOTOR @ Boiler #2

3. OPS NORMAL REPLACED WITH NEW INDUOR FAN MOTOR. OPS NORMAL

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

CSS 91683

REMOVED BROKEN INDUCER FAN MOTOR @ Boiler NO# 2
~~OPS NORMAL~~ Replaced with NEW
INDUCER FAN MOTOR.
ops NORMAL

CERTIFICATION OF WORK

To be signed by the Contractor:

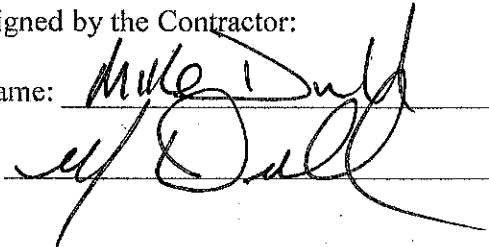
Print Name:

Mike Dull

Date:

2-2-23

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:

2-2-23

Signed:



E-Mail: