

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: KY060

Date of Visit: 2-2-23

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. O.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 91683 BP1 101097
2. REMOVED Broken INDUCTION FAN MOTOR @ Boiler #2
3. REMOVED OPS NORWAC Replaced with NEW motor FAN
MOTOR, OPS NORWAC

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

CSS 91683

REMOVED BROKEN INDUCER FAN MOTOR @ Boiler NOT 2
~~CPS NORMAL~~ Replaced with NEW
INDUCER FAN MOTOR.
CPS NORMAL

CERTIFICATION OF WORK

To be signed by the Contractor:

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

E-Mail: _____