

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY001 Albany Date of Visit: FEB-3-23

Contractor Personnel on Site:

- | | |
|---------------------|----------|
| 1. <u>Mike Dull</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | | |
|----------------|-------|
| 1. <u>P.A.</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Inspection, Testing, and Certification

- | | |
|----------------|-------|
| 1. <u>P.A.</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Other Recurring Services

- | | |
|----------------|-------|
| 1. <u>P.A.</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Service Calls -- Service Call Number and Description

- | | |
|---|-------|
| 1. <u>CSS 91941</u> | _____ |
| 2. <u>Found BAD indoor fan motor AT Boiler room 1</u> | _____ |
| 3. _____ | _____ |

Boiler indoor motor

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

CSS 91941
found BAD INDUCTION MOTOR AT Boiler No#1

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Mike Dugan

Date:

2-23-23

Signed:

[Signature]

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:

2-7-23

Signed:

[Signature]

E-Mail: