

CERTIFICATION OF WORK

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

FACID/Building: JY128 SAUER TES Date of Visit: 12.5.22

Contractor Personnel on Site:

1. Milo D
2. DAVE O
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. C55# 932 DRAINED Building, closed VALVES, INSTALLED NEW
2. 2 1/2 pp BALLVALVE & STEM coupling, CHECK for LEAKS, Bleed off AIR
3. AT ALL FAUCETS & RISERS, cps NORMAL

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

CSST DRAINED Building, closed VALVES, INSTALLED  
NEW 2 1/2" PROGRESS BALL VALVE & SLIP COUPLING @ Boiler Feed  
BRANCH LINE. CHECK FOR LEAKS. BLEED OUT AIR FROM LINE  
AT FAUCETS & RESTROOM. CPS NORMAL

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To be signed by the Contractor:

Print Name: Mike Dull David Oden Date: 12-5-22  
Signed: Mike Dull David Oden

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 Rothier AFOS Date: 12-5-22  
Signed: Chris Rothier

E-Mail: \_\_\_\_\_