

FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY128 SAUGERTIES Date of Visit: 12-5-22

Contractor Personnel on Site:

1. MIKE 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 BALL VALVE & STIP COUPLING, CHECK FOR LEAKS, bleed off AIR
3. AT ALL FAUCETS & ROSTRUMS, cps NORMAL

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

CSS# DRAINED Building, closed VALVES, installed
NEW 2 1/2" PROGRESS BALL VALVE & Slip coupling @ Boiler Feed
BRANCH LINE, CHECK FOR LEAKS, Bled out AIR from LINE
AT FAUCETS & RESTROOM ops NORMAL

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull David Ogden Date: 12-5-22

Signed: [Signature] [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 Polner AFOS Date: 12-5-22

Signed: [Signature]

E-Mail: _____