

CERTIFICATION OF WORK

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

FACID/Building: NY128

Date of Visit: 12-7-22

Contractor Personnel on Site:  
100663

1. Mike J
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work Performed:**

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

1. D-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 # 932 finished INSULATING 2" BALL VALVE
2. TIGHTENED PACKING NOT NO LEAKS
3. \_\_\_\_\_

ATTACHMENT J-0200000-05  
FORMS

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

C55# Replaced insulation on 2" ball valve.  
Replaced packing nut no leaks.

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**CERTIFICATION OF WORK**

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To be signed by the Contractor:

Print Name: Mike Dull Date: 12-7-22

Signed: m/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: 12-7-22

Signed: Chris Pothier

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