

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY 128

Date of Visit: 12-7-22

100663
Contractor Personnel on Site:

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

Work Performed:

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

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

Inspection, Testing, and Certification

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

Other Recurring Services

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

Service Calls - Service Call Number and Description

- | | |
|-----------------------------|--|
| 1. <u>CSS # 932</u> | <u>Finished INSULATING 2" BALL VALVE</u> |
| 2. <u>TIGHTENED PACKING</u> | <u>NOT NO LEAKS.</u> |
| 3. _____ | _____ |

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

CSS# 2021 FINISHED INSULATING 2" BALL VALVE,
TIGHTENED PACKING WOT. NO LEAKS.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 12-8-22

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: 12-7-22

Signed: [Signature]

E-Mail: _____