

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: 060 Schaefer Date of Visit: 12-1-22
100 689

Contractor Personnel on Site:

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

Work Performed:

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

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

Inspection, Testing, and Certification

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

Other Recurring Services

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

Service Calls - Service Call Number and Description

- | | |
|--|-------|
| 1. <u>CSS#90831 Replace circ pump #7 @ Boiler #2</u> | _____ |
| 2. <u>NO LEAKS ops NORMAL</u> | _____ |
| 3. _____ | _____ |

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

CSS# 90831 Replaced Circ Pump #7 @ Boiler No #2
NO LEAKS,

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 12-1-22

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: 12-1-22

Signed: [Signature]

E-Mail: _____

FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY 060 Schenectady Date of Visit: 12-6-22

Contractor Personnel on Site:

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

Work Performed:

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

- | | |
|---------------|-------|
| 1. <u>N-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#90831</u> | <u>MATERIAL Pickup (Shack Feeder)</u> |
| 2. <u>GET MATERIAL LIST</u> | _____ |
| 3. _____ | _____ |

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

CSS# 90831 MATERIAL Pick up (Silkfade)
GOT MATERIAL LIST TOGETHER

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 12-6-22

Signed: Mike 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 Potter AFOS Date: 12-6-22

Signed: Chris Potter

E-Mail: _____

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CERTIFICATION OF WORK

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

FACID/Building: NY060 Schenectady Date of Visit: 12-8-22

Contractor Personnel on Site: 100689

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

Work Performed:

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

- | | |
|---------------|-------|
| 1. <u>N-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>CS#90831</u> | <u>INSTALLED SHT FEEDER INTO HEATING LOOP</u> |
| 2. <u>@ 2nd FLOOR</u> | <u>NO LEAKS</u> |
| 3. _____ | _____ |

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

CSS# 90831 INSTALLED SHOT Feeder INTO HOATING
Loop @ 214 FIR. NO LEAKS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

M. Dull

Date:

12-8-22

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 Poltier

AFOS

Date:

12-8-22

Signed:

Chris Poltier

E-Mail:

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY060 ^{Scheu ATADY} Date of Visit: 12-19-22

Contractor Personnel on Site:

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

Work Performed:

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

- | | |
|---------------|-------|
| 1. <u>N.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#90831</u> | <u>TOOK CHEM/WATER SAMPLE OF BOILER</u> |
| 2. <u>Loop, 24 drops = 1200</u> | <u>CRS NOISE</u> |
| 3. _____ | _____ |

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

CS# 90831 TOOK WATER SAMPLE of boiler loop.
24 Drops Added = 1200 g/s Normal

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Duff Date: 12-19-22

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: SSG Katelyn Evans Date: 12/19/2022

Signed: [Signature]

E-Mail: _____