

CERTIFICATION OF WORK

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

FACID/Building: Albany 001 Date of Visit: 11-28-22

Contractor Personnel on Site:

1. Mike D
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. VA
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. VA
2. _____
3. _____
4. _____

Other Recurring Services

1. VA
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. CS# 90911 for blown fuse & 8nd 16th CNTROL
2. @ Balcony for Balcony off of flame fail. Located main
3. Gas shot off @ front of Bdg. off

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

*CSST#90911 Found blown fuse & bad 16x10A T/R
@ Boiler#2. Found Boiler 1 off on flame fail
located main block gas shut off @ front of
building, shut off.*

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dault Date: 11-28-22
Signed: u/s Dault

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 Date: 11-28-22
Signed: Chris Pothier

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: NY001

Albany
Army

Date of Visit: 12.22.22

Contractor Personnel on Site:

1. Mike
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. W.A
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. W.A
2. _____
3. _____
4. _____

Other Recurring Services

1. W.A
2. _____
3. _____
4. _____

Service Calls - Service Call Number and Description

1. CS# 90911 BPI 100677
2. Replaced fuses & IGNITION control @ Sailor #2 q5
3. NORMAL

ATTACHMENT J-0200000-05
FORMS

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

*(SS# 90911 BPI 10067) Replaced Fuses & Ignition
Controller AT Boiler #2*

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 12-22-22
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 Pothier AFOS Date: 12-22-22
Signed: Chris Pothier

E-Mail: _____