

ATTACHMENT J-0200000-05
FORMS

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. NA
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. NA
2. _____
3. _____
4. _____

Other Recurring Services

1. NA
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. CSS # 90911 Fan Blown fuse & bad IGN CONTROL
2. @ Boiler #2, fan Blown 1 off of 1 flame fail. Located MAIN
3. @ AS SHUT off @ front of BOC. off.

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

CS# 90911 For Bowler Fuse & Bad 16X Control
@ Boiler #2. For 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 Dwyer Date: 11-28-22
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 Date: 11-28-22
Signed: [Signature]

E-Mail: _____

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. <u>Mike</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# 90911 BPI 100677</u> | _____ |
| 2. <u>Replaced fuses & IGNITION control @ boiler #2 qps</u> | _____ |
| 3. <u>NORMAL</u> | _____ |

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

CS# 90911 ^{BPI} 100677 Replaced Fuses & 16NT10K
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: