

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: 060 Schenectady Date of Visit: 12-1-22
106707

Contractor Personnel on Site:

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

Work Performed:

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

1. N-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. 05590991 OMS BLOC. 2 space heaters need new
2. thermostats & conduit. Able to reset Bousquet unit, not able
3. to clear fault in controller. Unit running in low heat

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CERTIFICATION OF WORK

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

FACID/Building: 060 Schenectady Date of Visit: 12-1-22
106707

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. N-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. CS590991 OMS BLDG. 2space heaters need new
2. thermostats & conduit. Able to reset Bousquet unit, not able
3. to clear fault in controller. Unit running in low heat

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FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY060 Schneider Date of Visit: 12-23-22

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# 90991</u> | <u>881100707</u> | <u>Replaced Breaker</u> |
| 2. <u>T-STATS @ CMS</u> | <u>Bldg Bay Doors</u> | <u>Cycled EA T-STAT</u> |
| 3. <u>set @ 65°F</u> | <u>ops XCRAC</u> | _____ |

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

CSS# 90991 BPI 100707 Replaced Backdoor
T-STATS @ OMS Bldg Bay Doors cycled
EA T-STAT SET @ 65°F. ops Manual

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: M. Dull Date: 12-23-22

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 Polner AFO5 Date: 12-23-22

Signed: [Signature]

E-Mail: _____