

CERTIFICATION OF WORK

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

FACID/Building: 060 Schematic Date of Visit: 12-1-22  
100707

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 BLD, 2 space heaters NEED NEW
2. Thermostats \$ readjust. Able to reset Bousquet unit, not able
3. TO CLEAR FAULT IN controller. UNIT RUNNING IN LOW HEAT

CERTIFICATION OF WORK

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

FACID/Building: 060 Schenectady  
100707

Date of Visit: 12-1-22

Contractor Personnel on Site:

1. MICO 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. CSS#90991 OMS BLDG. 2 space heaters NEED NEW
2. Thermostats & coilxit. Able to reset Bousquet unit, not able
3. TO CLEAR FAULT IN controller. UNIT RUNNING IN LOW HEAT

CERTIFICATION OF WORK

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

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

Contractor Personnel on Site:

1. Milco >
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# 90991 881100703 Replaced Breaker
2. T-STATS @ CMS BLDG BAY 100S, cycled EA T-STAT
3. SET @ 65° GPS X-PORT

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

CSST# 90991 BPI 10070 Replaced Blockout  
T-STATS @ ONS Block Bay Doors cycled  
EA-T-STAT set @ 65°. ops Normal

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CERTIFICATION OF WORK

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To be signed by the Contractor:

Print Name: M. Dull Date: 12-23-22  
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 Pather AFOS Date: 12-23-22  
Signed: Chris Pather

E-Mail: \_\_\_\_\_