

CERTIFICATION OF WORK

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

FACID/Building: NY128 Sawtles Date of Visit: 4-12-23

Contractor Personnel on Site:

1. Mike
2. Mike Gribble
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 # 595 3P1 10/3/25
2. Replaced Blow off valve @ 3 1/2" backflow preventer
3. UNIT HAS BAD CHECK VALVES.

ATTACHMENT J-0200000-05
FORMS

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

Signed: _____

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: _____ Date: _____

Signed: _____

E-Mail: _____

E-Mail: _____

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

CSST 595 BPI 10/13/25
REMOVED BROKEN BLOW OFF VALVE @ 3 1/2"
BACKFLOW PREVENTER. INSTALLED NEW PARTS.
WITH NEW BLOW OFF VALVE INSTALLED THE CHECK VALVES
WOULD NOT HOLD & KEPT DUMPING WATER ONTO FLOOR.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dugg Date: 4-12-23

Signed: Mike Dugg

MIKE GRIFFITH 4-12-23
h. Dugg

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 APOS Date: 4-12-23

Signed: Chris Pothier

E-Mail: _____