

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

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

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Mike</u> | 4. _____ |
| 2. <u>Mike Gumbault</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | | |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Inspection, Testing, and Certification

- | | |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Other Recurring Services

- | | |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Service Calls - Service Call Number and Description

- | | |
|--|-------|
| 1. <u>CSS # 595 BPI 10/3/25</u> | _____ |
| 2. <u>Replaced Blow off VALVE @ 3 1/2" BACK flow preventer</u> | _____ |
| 3. <u>UNIT HAS BAD CHECK VALVES.</u> | _____ |

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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: _____

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

ASS# 595 BPI 101325
REMOVED BROKEN Blow off VALVE @ 3 1/2"
BACKFLOW PREVENTER, INSTALLED NEW PARTS
WITH NEW Blow off VALVE INSTALLED THE CHECK VALVES
WOULDN'T HOLD & KEPT DUMPING WATER ONTO FLOOR.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Mike Dugall

Date:

4-12-23

Signed:

[Signature]
MIKE DUGALL

4-12-23

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:

4-12-23

Signed:

[Signature]

E-Mail: