

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: P9 013 Date of Visit: 11-9-18

Contractor Personnel on Site:

1. Adam Veltre
2. Patrick Murphy
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Inspection, Testing, and Certification

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Other Recurring Services

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Service Calls – Service Call Number and Description

1. CSS # 15149 WO # 5726 for Asset # 6649
2. \_\_\_\_\_
3. \_\_\_\_\_

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

Upon Arrival we checked in and gained access to the kitchen ice machine. We removed the existing condenser fan motor and installed the replacement in its place. After the repair was completed, we tested the normal operation; allowing it to drop several batches of ice.

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**CERTIFICATION OF WORK**

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To be signed by the Contractor:

Print Name: Adam Veltre Date: 11-9-18  
Signed: Adam Veltre

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Rich Sayre GS12 SSA Date: 11-11-18  
Signed: Rich Sayre  
E-Mail: \_\_\_\_\_



**Ice-O-Matic**

PN013-01  
Asset # 6849-IceMachine

**Ice-O-Matic**

**PA013-01**

**Asset # 6849-Icemaker-**