ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: NY001 Date of Visit: 11-30-18

Contractor Personnel on Site:

1. Dave Ruppel
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. #9074, 9084, 9073 9072 & 9071: Emergency Exit Signs / Wall Packs / Dual Lights (4x/yr.)
2. #9016: Ice Maker (4x/yr.)
3. #9017: Reach-In Refrigerator (4x/yr.)
4. #9018: Reach-In Freezer (4x/yr.)

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

COW 11-30-18 NY001 NOV PM 2018

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: Mike Moseman Date: 11/30/18

Signed: Mike Moseman

E-Mail: Michael.Moseman.ctr@mail.mil