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: 12-13-2018

Contractor Personnel on Site:

1. DAVID B. RUPPEL
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. Asset #9067/WO#1436/PM-QT-9067 SUMP PUMP (1)
2. Asset #9069/WO#1437/PM-QT-9069 SUMP PUMP (1)
3. Asset #9005/WO#1565/PM-SA-9005 Hot Water Unit Heaters (3)
4. Asset #9069/WO#1566/PM-SA-9069 Kitchen Hood (1)

~~**Inspection, Testing, and Certification**~~

1. Asset #9070/WO#1567/PM-SA-9070 Kitchen Hood (1)
2. Asset #9075/WO#1568/PM-SA-9075 Double Gates, Manual, Swinging (1)
3. Asset #9076/WO#1569/PM-SA-7076 Double Gates, Manual, Swinging (1)
4. Asset #9077/WO#1570/PM-SA-9077 Single Gate/Manual, Swinging (1)

~~**Other Recurring Services**~~

NOTE

1. ~~Asset #1335/WO#~~
2. Asset #9006/WO#1335 Rooftop PKG Unit (4) does not exist
3. Asset #9082/WO#1336 Rooftop PKG Unit (1) does not exist
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

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

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: DAVID RUPPEL Date: 12-13-2018

Signed: David Ruppel

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: Michael Moseman Date: 12/13/18

Signed:

E-Mail: michael.moseman.ctr@mail.mil