

**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: Chris Pothier Date: 7-3-19
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: Michael Moseman Date: 4/3/19
Signed: Michael Moseman
E-Mail: Michael.Moseman.dre@mail.mil

CERTIFICATION OF WORK

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

FACID/Building: NY001 - 01/02 Date of Visit: 7-2-19

Contractor Personnel on Site:

1. Chris Pothier
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. Overhead door: 9078, 9080, 9081, 9085
2. Toilet: 9035, 9043, 9046, 9052, 9059, 9061
3. Urinal: 9034, 9047, 9050,
4. Shower: 9037, 9042, 9057, 9045

~~Inspection, Testing, and Certification~~

1. Sink: 9036, 9038, 9039, 9040, 9041, 9044, 9048, 9049, 9051,
2. 9053, 9054, 9055, 9056, 9058, 9060, 9062
3. _____
4. _____

Other Recurring Services

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

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____