

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY001 - 01/02 Date of Visit: 8-8-19

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. Ice maker: 9016
2. Fridge / Freezer: 9017, 9018
3. Water heater: 9063, 9064, 9065
4. Emergency Lighting: 9071, 9072, 9073, 9074, 9084

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. _____

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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: Chris Pothier Date: 8-8-19
Signed: Chris Pothier

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: 8/8/19
Signed: Michael Moseman
E-Mail: Michael.Moseman.ct@moed.mi.gov