

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 Date of Visit: 12-5-19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Chris Pothier</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | | |
|------------------------------------|-------|
| 1. <u>Sump Pump: 9067, 9068</u> | _____ |
| 2. <u>Unit Heater: 9005</u> | _____ |
| 3. <u>Kitchen Hood: 9069, 9070</u> | _____ |
| 4. <u>Gate: 9075, 9076, 9077</u> | _____ |

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. _____ |

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

CERTIFICATION OF WORK

To be signed by the Contractor:

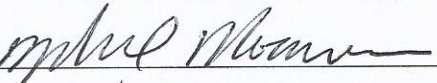
Print Name: Chris Pothier Date: 12-12-19

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: Mike Moseman / AFOS Date: 12/12/19

Signed: 

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