

CERTIFICATION OF WORK

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

FACID/Building: NY001 - 01/02 Date of Visit: 1-28-20

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. Prep table: 9026, 9028, 9031
3. Food serving table: 9019, 9025, 9022
4. Dish washer: 9021, 9032

Inspection, Testing, and Certification

1. Coffee dispenser: 9020
2. Disposal: 9033
3. Food Mixer: 9024
4. Griddle: 9029

Other Recurring Services

1. Meat Slicer: 9023
2. Oven: 9027
3. Range: 9030
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

**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: 1-29-20

Signed: Chris Pottier

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 Noseman Date: 1/29/20

Signed: Alpha Mu Sigma

E-Mail: M.-Lud.Moschner,ctc@med.uni-freiburg.de