

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: 1-28-20

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.)

- Overhead door: 9078, 9080, 9081, 9085
- Prep table: 9026, 9028, 9031
- Food serving table: 9019, 9025, 9022
- Dish washer: 9021, 9032

~~Inspection, Testing, and Certification~~

- Coffee dispenser: 9020
- Disposal: 9033
- Food Mixer: 9024
- Griddle: 9029

~~Other Recurring Services~~

- Meat Slicer: 9023
- Oven: 9027
- Range: 9030
- _____

Service Calls – Service Call Number and Description

- _____
- _____
- _____

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Chris Polhier Date: 1-29-20

Signed: Chris Polhier

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: 1/29/20

Signed: Michael Moseman

E-Mail: michael.moseman, Jr @ mil.mn.gov