

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: 3-4-20

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.)

- |                                 |       |
|---------------------------------|-------|
| 1. <u>Sump Pump: 9067, 9068</u> | _____ |
| 2. <u>Mini Split: 9007</u>      | _____ |
| 3. <u>Condensing unit: 9008</u> | _____ |
| 4. _____                        | _____ |

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**

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Chris Pothier Date: 3-16-20

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: 2/16/20

Signed: 

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