

ATTACHMENT J-0200000-05  
FORMS

**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: 2-6-20

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: Mike Moseman Date: 2/6/2020

Signed: Mike Moseman

E-Mail: Michael.Moseman\_ctr@mail.mil

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: 2-6-20

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. Ice maker: 6937, 6988, 7122
2. Refrigerator: 7123 Freezer: 7124
3. Water heater: 7125, 7126, 7127
4. Emergency lights: 7128, 7129, 7130, 7131, 7132

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. \_\_\_\_\_