

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: 7-7-20

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.)

- Garage Doors: 9078, 9080, 9081, 9085
- Plumbing Fixtures: 9034, 9035, 9036, 9037, 9038, 9039, 9040, 9041, 9042, 9043,
- 9044, 9045, 9046, 9047, 9048, 9049, 9050, 9051, 9052, 9053, 9054, 9055, 9056, 9057,
- 9058, 9059, 9060, 9061, 9062

**Inspection, Testing, and Certification**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Other Recurring Services**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Service Calls – Service Call Number and Description**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**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: 7.13.20

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: 7/13/20

Signed: *Mike Moseman*

E-Mail: *Michael.Moseman.Cr@mcid.mi*