

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: 3-26-19

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. Sub pump: 9067, 9068
2. Mini Split: 9007
3. Condensing Unit: 9008
4. Air Handler: 9082

Inspection, Testing, and Certification

1. Roof Top Unit: 9006 Does not exist
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Other Recurring Services

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Service Calls – Service Call Number and Description

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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**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: 3-26-19

Signed: Alvin 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 Mosemen Date: 3/26/19

Signed: Mark D. Brown

E-Mail: [Michael.Moseman.ctr@mail.mil](mailto:Michael.Moseman.ctr@mail.mil)