

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY054-01/02/03 Date of Visit: 5-8-19

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. Bos Bar: 10127
2. Ice maker: 10092
3. Freezer/Fridge: 10091, 10093
4. Water Heater: 10120, 10121

**~~Inspection, Testing, and Certification~~**

1. Emergency Signs: 10128, 10129, 10130, 10137, 10141, 10142
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Other Recurring Services**

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

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

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

ATTACHMENT J-0200000-05  
FORMS

**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: 5-8-19

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: Ronald Vogt AFOS Date: 5-8-19

Signed: R. Vogt

E-Mail: Ronald.S.Vogt2,ctr@mail.mil