

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. Chris Pothier
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. Bus 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 Peltier

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 AFO S Date: 5-8-15

Signed: Jeff Vre

E-Mail: ronald.s.vogt2 ctr@mail.mil