

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: 7-9-19

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. Sink: 10106, 10107, 10108, 10115, 10116, 10117, 10119
2. Toilet: 10109, 10110, 10118
3. Urinal: 10111, 10112
4. Shower: 10113, 10114

Inspection, Testing, and Certification

1. Overhead door: 10131, 10133, 10134, 10135, 10138, 10143
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: 7-9-19

Signed: Alia Pottor

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: Ray Vogt Afos Date: 7/9/15

Signed: WJ VR

E-Mail: