

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: 7-9-19

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. 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. \_\_\_\_\_

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**Over and Above Repair Work – Order Number and Description of Work Completed**

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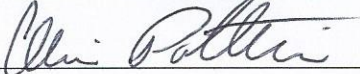
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**CERTIFICATION OF WORK**

To be signed by the Contractor:

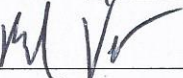
Print Name: Chris Pothier Date: 7-9-19

Signed: 

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: Bon Voet AFS Date: 7/9/19

Signed: 

E-Mail: \_\_\_\_\_