

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: 8. 6. 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. Emergency Signs: 10142, 10141, 10137, 10130, 10129, 10128
2. Circulator Pumps: 10122, 10123, 10124, 10125
3. Water Heaters: 10121, 10120
4. Fridge/Freezer: 10093, 10092, 10091

**Inspection, Testing, and Certification**

1. \_\_\_\_\_
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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## **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Chris Pothier Date: 8-6-19  
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: Ron Vogt Afos Date: 8-6-15  
Signed: Ron Vogt Afos

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