

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: 1-9-20

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. Overhead Doors: 10131, 10133, 10134, 10135, 10138, 10143
2. Food Mixer: 10094
3. Serving tables: 10095, 10096, 10097
4. Oven: 10098

**Inspection, Testing, and Certification**

1. Meat Slicer: 10099
2. Coffee Urn: 10100, 10105
3. Toaster: 10101
4. Can Opener: 10102

**~~Other Recurring Services~~**

1. Griddle: 10104
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

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

**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: 1-9-20

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 AFS Date: 5/19/2020

Signed: R/V

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