

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

Work Performed:

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

1. Overhead Doors: 10131, 10133, 10134, 10135, 10138, 10143
2. Food Mixers: 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. _____

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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: 1-9-20

Signed: Chris P. Otter

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 AFM Date: 5/19/2020

Signed: Bill W

E-Mail: