ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY059 Date of Visit: 11/26/18

Contractor Personnel on Site:

1. David B. Ruppel
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

① #10374 Gas Powered Emergency Generator (monthly)
② #10381 Kitchen/Break Room Refrigerator/Freezer (4x/yr.)
③ #10377 Ice Maker (4x/yr)
④ #10378 ~~Old Kitchen~~/School Side Reach-in FRIG Unit (4x/yr.)
#10375 Old Kitchen Reach-In Refrigerator (4x/yr.)

~~Inspection, Testing, and Certification~~

⑤ #'s 10396, 10397, 10398 & 10399: Emergency Exit Signs/Wall Packs/Dual Lights (4x/yr)
~~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: DAVID B. RUPPEL Date: 11-26-18

Signed: David B. Ruppel

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: Mike Moseman Date: 11/29/2018

Signed: Mike Moseman

E-Mail: Michael.Moseman.ctr@mail.mil