FORMS

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

FACID/Building: NY059 Date of Visit: 11/26/2018

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. Asset# 10374, WO# 1009, PM-MO-10374; Gas Powered Emergency Generator
2. Asset# 10381, WO# N/A, PM-N/A; (info not on master Excel Spreadsheet) Break Room REF/FREEZER
3. Asset# 10377, WO# 1092, PM-QT-10377; ICE Maker
4. Asset# 10378, WO# 1093, PM-QT-10378; School Side Refrigerator/Freezer

~~**Inspection, Testing, and Certification**~~

1. Asset# 10375, WO# 1090, PM-QT-10375; Old Kitchen Dual Door Reach-IN REF.
2. Asset# 10396, WO# 1098, PM-QT-10396; Emergency Light Wall Pack, Dual Light
3. Asset# 10397, WO# 1099, PM-QT-10397; Emergency Light & Exit Sign Combo
4. Asset# 10398, WO# 1100, PM-QT-10398; Emergency Light Wall Pack, Dual Light

~~**Other Recurring Services**~~

1. Asset# 10399, WO# 1101, PM-QT-10399; Emergency Exit Sign; Illuminated
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

ATTACHMENT J-0200000-05
FORMS

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

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