

CERTIFICATION OF WORK

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

FACID/Building: NY059 - 01 Date of Visit: 5-16-19

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. Generator: 10374
2. Fridge / Freezer: 10375, 10376, 10378, 10380, 10381
3. Ice maker: 10377, 10379
4. Water Heater: 10394

Inspection, Testing, and Certification

1. Emergency Signs/Lights: 10396, 10397, 10398, 10399
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
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: Chris Pothier Date: 5-16-19
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:

best of my knowledge, completed the stated work listed.

Print Name/Rank: HAST Traverse Cynthia Date: 20190516
Signed: Amber A. House

E-Mail: