

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY059-01 Date of Visit: 7-11-19

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. Sink: 10383, 10384, 10385, 10388, 10390, 10391
2. Toilet: 10387, 10393
3. Shower: 10389, 10392
4. Urinal: 10386

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

1. Overhead doors: 10410, 10411, 10412, 10413, 10414, 10415, 10416, 10417, 10418
2. Generator: 10374
3. Humidifier: 10355
4. _____

Other Recurring Services

1. _____
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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Chris Pothier Date: 7-11-19

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:

Print Name/Rank: Mike Moseman Date: 7/11/2019

Signed: Mike Moseman

E-Mail: michael. Moseman, Jr @ mail.mil