

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

FACID/Building: NY060 Date of Visit: 11-8-19

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. Fridge: 10378, 10381
2. Ice Maker: 10377
3. Generator: 10374
4. Water Heater: 10394

Inspection, Testing, and Certification:

1. Emergency 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: 11-8-19

Signed: Chris Dettin

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: 11/8/19

Signed: Mark Warren

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