

**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: Chris Pothier Date: 6-6-19

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: 6/6/2019

Signed: Mike Moseman

E-Mail: michael.moseman.ctr@mail.mil

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY060 - 01/02 Date of Visit: 6.6.19

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. Exhaust Fan: 10424, 10425, 10426, 10427, 10428, 10429, 10430, 10508
2. 10509, 10510, 10511, 10512
3. Air Handler: 10422, 10423, 10505
4. Unit Heater, Hot Water: 10431, 10432, 10433, 10434, 10435, 10513

~~Inspection, Testing, and Certification~~

1. Unit Heater, Gas: 10514
2. Unit Heater, Electric: 10515
3. Gate: 10501
4. Air Unit, Outdoor: 10506

~~Other Recurring Services~~

1. Furnace: 10507
2. Overhead Exhaust System: 10541
3. \_\_\_\_\_
4. \_\_\_\_\_

**Service Calls** – Service Call Number and Description

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_