

CERTIFICATION OF WORK

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

FACID/Building: NY060 - 01/02 Date of Visit: 7-22-19

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. Overhead doors: 10539, 10540, 10504, 10503, 10502
2. Sink: 10475, 10478, 10480, 10484, 10486, 10488, 10489, 10490, 10491, 10492
3. 10525, 10526, 10527
4. Toilet: 10476, 10479, 10483, 10485, 10523, 10524

Inspection, Testing, and Certification

1. Urinal: 10477, 10482,
2. Shower: 10481, 10487
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: 7-22-19

Signed: Chris Pothin

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: Michael Moseman Date: 4/22/19

Signed: Mark Wilson

E-Mail: michael.noseman.ctr@mail.msu.edu