

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: 8.23.19

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. Fridge/Freezer: 10451, 10452, 10454, 10455
2. Ice maker: 10456
3. Water Heater: 10493, 10494, 10528, 10529, 10530
4. Time Clock: 10499, 10536

~~Inspection, Testing, and Certification~~

1. Ext signs: 10500, 10538
2. VAV: 10436
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: 8.23.19

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: 8/23/19

Signed: Mike Moseman

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