

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. Chris Pothier
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. Fridge/Frezer: 10451, 10452, 10454, 10455
2. Ice makers: 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. _____

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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 Noseman Date: 8/23/19

Signed: Mhd. Muzammil

E-Mail: Michael.Moseman.Ctr@mcisb.mil