

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY 060 - 01/02 Date of Visit: 11-26-19

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, 10453, 10454, 10455
2. Ice Maker: 10456
3. Water Heater: 10493, 10494, 10528, 10529, 10530
4. Time Clock: 10499, 10536

~~**Inspection, Testing, and Certification**~~

1. Emergency Exit Sign: 10500, 10538
2. Expansion Tank: 190917-322, 190917-339, 190917-340, 190917-362, 190917-363
3. Thermostatic Mixing Valve: 190917-342, 190917-360, 190917-372
4. Air Separator: 190917-368

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

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: 11-26-19

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: 11/26/19

Signed: Mike Moseman

E-Mail: michael.moseman@tr.mil.mil