

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: 1-15-20

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. Microwave: 10457, 10459, 10521
2. Sink Disposer: 10458, 10462, 10463
3. Food Warmer: 10460, 10461
4. Dish Washer: 10464

**Inspection, Testing, and Certification**

1. Serving Counter: 10465 Range: 10469
2. Meat Slicer: 10466 Kettle Pot: 10470
3. Food Mixer: 10467 Beverage Dispenser: 10472
4. Oven: 10468 Coffee Urn: 10473

**Other Recurring Services**

1. Can Opener: 10474
2. Oversized Door: 10502, 10503, 10504, 10539, 10540
3. \_\_\_\_\_
4. \_\_\_\_\_

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

1. CSS# 22858 : Replaced Solenoids in 2 sinks, 1<sup>st</sup> floor Mens bathroom
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: 1-15-20

Signed: Clair Peltier

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: 1/15/2020

Signed: Mark Moran

E-Mail: [Michael.Moseman.dr@mail.mil](mailto:Michael.Moseman.dr@mail.mil)