

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. <u>Chris Pothier</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 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. <u>Serving Counter: 10465</u> | <u>Range: 10469</u> |
| 2. <u>Meat Slicer: 10466</u> | <u>Kettle Pot: 10470</u> |
| 3. <u>Food Mixer: 10467</u> | <u>Beverage Dispenser: 10472</u> |
| 4. <u>Oven: 10468</u> | <u>Coffee Urn: 10473</u> |

~~Other Recurring Services~~

1. Can Opener: 10474
2. Overhead Door: 10502, 10503, 10504, 10539, 10540
3. _____
4. _____

Service Calls – Service Call Number and Description

1. CSS# 22858 : Replaced Solenoids in 2 sinks, 1st floor Mens bathroom
2. _____
3. _____

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Over and Above Repair Work – Order Number and Description of Work Completed

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To be signed by the Contractor:

Print Name: Chris Pothier Date: 1-15-20

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: 1/15/2020

Signed: Mike Moseman

E-Mail: Michael.Moseman.dr@mail.mil