

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: 8-4-20

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. Time Clock: 10499, 10536
2. Air Compressor: 10519
3. Water Heater: 10528, 10529, 10530
4. Expansion Tank: 190917-339, 190917-340, 190917-362, 190917-363

Inspection, Testing, and Certification

1. Thermostatic Mixing Valve: 190917-342, 190917-360, 190917-372
2. Air Separator: 190917-368
3. Pump: 190917-330, 190917-331, 190917-332, 190917-333, 190917-334, 190917-335, 190917-336
4. 190917-337, 190917-364, 190917-365, 190917-366, 190917-367, 190917-369

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: 8-4-20
Signed: 

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: 8/4/2020
Signed: Mike Moseman
E-Mail: michael.moseman.cpt@mail.mil