

FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY 128

Date of Visit: 11/19/18

Contractor Personnel on Site:

1. David Ruppel 4. _____
2. _____ 5. _____
3. _____ 6. _____

Work Performed:

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

- ① #10805 Break Room Refrigerator/Freezer (4x/yr)
- ② #10804 Kitchen Ice Maker (4x/yr)
- ③ #10802 Kitchen Reach-in Refrigerators (2) (4x/yr)
- ④ #10803 Kitchen Freezer (4x/yr)

Inspection, Testing, and Certification

- ⑤ #s 10856 & 10893 : Emergency Exit Signs & Wall Packs (Dual Lights)
2. _____ (4x/yr)
2. _____
4. _____

Other Recurring Services

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

Service Calls - Service Call Number and Description

1. _____
2. _____
3. _____

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ATTACHMENT J-02000000-05
FORMS

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: DAVID B. RUPPEL Date: 11/19/18
Signed: David B. Ruppel

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: 11/30/18
Signed: Mike Moseman
E-Mail: Michael.Moseman@ccmail.mil

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