

CERTIFICATION OF WORK

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

FACID/Building: NY128-01/02 Date of Visit: 5-30-19

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. Freezer/Fridge: 10802, 10803, 10805, 10880
2. Ice maker: 10804
3. Water heater: 10846, 10847, 10848
4. Exit Signs: 10856, 10893

Inspection, Testing, and Certification

1. Outside Lighting: 10855
2. _____
3. _____
4. _____

Other Recurring Services

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

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

**ATTACHMENT J-0200000-05
FORMS**

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Chris Pothier Date: 5-30-19
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: Gerardo Cudullo Date: 30 MAY 2015
Signed: Gerardo Cudullo
E-Mail: gerardo.cudullo.22@mail.mil