

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY128-01/02/03 Date of Visit: 7-29-19

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. Sink: 10825, 10826, 10827, 10828, 10829, 10830, 10833, 10835, 10836, 10841, 10844, 10883, 10887, 10890, 10891
2. Toilet: 10831, 10838, 10843, 10845, 10886, 10888
3. Urinal: 10832, 10842, 10885
4. Shower: 10834, 10837, 10884, 10889

~~Inspection, Testing, and Certification~~

1. Overhead Door: 10861, 10864, 10865, 10894, 10896
2. Outdoor lights: 10855
3. \_\_\_\_\_
4. \_\_\_\_\_

**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**

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

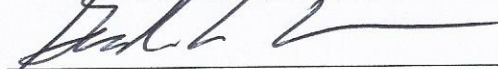
Print Name: Chris Pothier Date: 7-29-19

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: Gerardo Custodio GS-9 Date: 7/29/19

Signed: 

E-Mail: gerardo.a.custodio.civ@mail.mil