

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: 8-29-19

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. Fridge/Freezer: 10802, 10803, 10805
2. Ice maker: 10804
3. Water Heater: 10846, 10847, 10848
4. Ext signs: 10856, 10893

~~Inspection, Testing, and Certification~~

1. Card Access: 10897, 10895, 10862
2. Control Panel: 10796
3. VAV: 10795
4. Outdoor lighting: 10855

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

Replaced water dispensing valve on first floor water fountain.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Chris Pothier Date: 8-29-19

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: Michael Moseman Date: 8/29/19

Signed: Michael Moseman

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