

CERTIFICATION OF WORK

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

FACID/Building: NY 128 -01/02 Date of Visit: 9.30.19

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. Condensing units: 10868, 10866, 10785, 10783
2. Furnace: 10870, 10871
3. Make up air: 10874
4. Air handler: 10867, 10794, 10793, 10792, 10790

~~Inspection, Testing, and Certification~~

1. Gycol unit: 10869, 10786
2. Chiller: 10784
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: 9.30.19
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: Mike Moseman Date: 9/30/19
Signed: Mike Moseman
E-Mail: Michael.Moseman.ct@mail.mil