

ATTACHMENT J-0200000-05
FORMS

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: 12-12-19

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. Air Handler: 10790, 10792, 10793, 10794, 10867
2. Unit Heater: 10789, 10872, 10873
3. Kitchen Hood: 10851, 10852, 10853
4. Outside Lighting: 10854, 10855

~~**Inspection, Testing, and Certification**~~

1. Gate: 10857, 10858, 10859, 10860
2. Furnace: 10870, 10871
3. _____
4. _____

Other Recurring Services

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

Service Calls – Service Call Number and Description

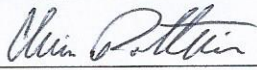
1. _____
2. _____
3. _____

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: 12-12-19

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: Mike Moseman/APOS Date: 12-12-19

Signed: 

E-Mail: michael.moseman.dr@mail.mil