

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: 1-29-20

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. Overhead door: 10861, 10864, 10865, 10894, 10896
2. Prep table: 10808, 10815, 10816, 10819
3. Beverage dispenser: 10809, 10810
4. Can opener: 10824

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

1. Coffee Urn: 10811
2. Dish washer: 10812
3. Food mixer: 10818
4. Food serving table: 10806, 10807, 10814

~~**Other Recurring Services**~~

1. Kettle pot: 10820
2. Lighting: 10855
3. Meat Slicer: 10823
4. Oven: 10881, 10882

~~**Service Calls - Service Call Number and Description**~~

1. Range: 10821
2. Sink disposer: 10813
3. Steamer: 10822

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: 1-29-20

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: 1/29/20

Signed: Michael Moseman

E-Mail: michael.moseman, dc @ mil.mil