

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: 2-26-20

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. Access Control: 10897, 10895, 10862
2. VAV: 10795
3. Fridge/ Freezer: 10802, 10803, 10805
4. Ice maker: 10804

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

1. Outside lighting: 10855
2. Exit Signs: 10893, 10856
3. Water Heater: 10848, 10847, 10846
4. Circulator pump: 10849

~~**Other Recurring Services**~~

1. HVAC Control: 10796
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**

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Chris Pothier Date: 2-26-20

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: 2/26/2020

Signed: Michael Moseman

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