

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. Chris Pathier
2. _____
3. _____
4. _____
5. _____
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. _____

**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: 2-26-20

Signed: Chris Patterson

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 Moscman Date: 2/26/2020

Signed: John Mann

E-Mail: Michael.Moskman.ch@mail.mil