

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 Date of Visit: 7-9-20

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Chris Potier</u> | 4. _____ |
| 2. _____               | 5. _____ |
| 3. _____               | 6. _____ |

**Work Performed:**

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. Overhead Doors: 10861, 10864, 10865, 10894, 10896
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Inspection, Testing, and Certification**

1. \_\_\_\_\_
2. \_\_\_\_\_
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: 7-13-20

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: Mike Moseman Date: 7/13/20

Signed: Michael Moseman

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