

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY059-01 Date of Visit: 12-19-19

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.)

- Gates: 10400, 10401, 10402, 10403, 10404, 10405, 10406, 10408, 10409
- Vehicle Exhaust: 10419, 10420, 10421
- Unit Heaters: 10354
- Kitchen Hood: 10395

~~Inspection, Testing, and Certification~~

- Emergency Generator: 10374
- Filters: 10349
- \_\_\_\_\_
- \_\_\_\_\_

Other Recurring Services

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Service Calls – Service Call Number and Description

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Over and Above Repair Work – Order Number and Description of Work Completed**

---

---

---

---

---

---

---

---

**CERTIFICATION OF WORK**

To be signed by the Contractor:

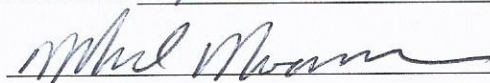
Print Name: Chris Pothier Date: 12-20-19

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: Michael Moseman Date: 12/20/19

Signed: 

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