

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. Chris Pothier
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. Gates: 10400, 10401, 10402, 10403, 10404, 10405, 10406, 10408, 10409
2. Vehicle Exhaust: 10419, 10420, 10421
3. Unit Heaters: 10354
4. Kitchen Hood: 10395

~~Inspection, Testing, and Certification~~

1. Emergency Generator: 10374
2. Filters: 10349
3. _____
4. _____

Other Recurring Services

1. _____
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: 12-20-19

Signed: Mark Rother

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: Phil Mann

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