

CERTIFICATION OF WORK

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

FACID/Building: NY060-01/02 Date of Visit: 5-22-19

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. Fridge/Freezer: 10451, 10452, 10453, 10454, 10455, 10520
2. Ice Maker: 10456
3. Water Heater: 10493, 10494, 10528, 10529, 10530
4. Time Clock: 10499, 10536

**Inspection, Testing, and Certification**

1. Exit Signs: 10500, 10537, 10538
2. Lightning rod: 10535
3. \_\_\_\_\_
4. \_\_\_\_\_

**Other Recurring Services**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Service Calls – Service Call Number and Description**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

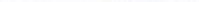
**ATTACHMENT J-0200000-05  
FORMS**

### **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: 5-22-19

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: Mike Moseman (AFOS) Date: 5/22/19

Signed: WHD Morris

E-Mail: [110914165.Moselien.Ctr@mail.iiit.ac.in](mailto:110914165.Moselien.Ctr@mail.iiit.ac.in)