

ATTACHMENT J-0200000-05  
FORMS

## CERTIFICATION OF WORK

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

FACID/Building: NEW Windsor Date of Visit: 11-6-19

## Contractor Personnel on Site:

1. Mike
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## Work Performed:

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

1. N/A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Inspection, Testing, and Certification

1. N/A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Other Recurring Services

1. N/A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Service Calls – Service Call Number and Description

1. ISS# 21788 NEW Windsor ServerRM 12H with
2. BAD EVAP FAN MOTOR - 2<sup>nd</sup> floor UA's office with
3. BROKEN 8" DAMPERS & 8" flex

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

will QUOTE A Replacement UNIT for RM 124 Server RM  
# flex duct  
will Replace the 8" COLLARS @ 2nd flr VA's office

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Donnell Date: 11-6-19

Signed: [Signature]

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: Patrick T. Scanlon AFOS Date: 11/6/2019

Signed: [Signature]

E-Mail: Patrick.t.Scanlon.CTR@mail.mil