

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY054 PLATTSBURG Date of Visit: 10-18-22

Contractor Personnel on Site:

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

Work Performed:

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

- |               |       |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____      | _____ |
| 3. _____      | _____ |
| 4. _____      | _____ |

Inspection, Testing, and Certification

- |               |       |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____      | _____ |
| 3. _____      | _____ |
| 4. _____      | _____ |

Other Recurring Services

- |               |       |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____      | _____ |
| 3. _____      | _____ |
| 4. _____      | _____ |

Service Calls – Service Call Number and Description

- |   |       |
|---|-------|
| 1. <u>CSS# 90342 - FOUND RETURN LINE UNION LEAKING,</u> | _____ |
| 2. <u>AUTO AIR VENT BAD.</u>                            | _____ |
| 3. _____  | _____ |

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

CSS# 90342, NOT ABLE TO LOOSEN <sup>EX</sup> DIELECTRIC UNION  
Replaced UNION, 90°, AUTO VENT & M/E ADPTR. NO LEAKS  
ops NORMAL  
UNIT HAS LARGE AMOUNTS OF RUST ON PIPE HEADER

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 10-18-22  
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: SSG Adriana Nunez Date: 18 Oct 22  
Signed: [Signature]

E-Mail: adriana.n.nunez.mil@army.mil

→ SIGNED FOR ROK LOG