





ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: 218 Date of Visit: 3-16-18

Contractor Personnel on Site:

1. MIKE LIEB
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. REPLACED WAX RING ON URINAL
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

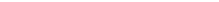
Over and Above Repair Work – Order Number and Description of Work Completed

REPLACED WAX RING on URINAL

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: MIKE LIEB Date: 3-16-18

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: AGAN, J. E. T. A. Date: 16 MARCH 2018

Signed: 

E-Mail: thomas.schaefer@uni-due.de

E-Mail: KEITH.A.HOGAN@mail.mil