

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID: Furwell, PA USARC Date of Visit: Feb. 6 2025
Building: _____ CSS: _____
Contractor Personnel on Site: _____ CMMS: _____
1. Paul LoRusso Service Order: ☒
2. _____ Corrective Maintenance: ☐

Service Order Work Performed:

Unit: _____
Manufacturer: _____
Model: _____
Serial: _____

Description: Replaced Hydraulic Pump with new
3 tested for proper operation. 100%
at departure.

Repairs: _____

To be signed by the Contractor:

Print Name: Paul LoRusso Date: 2/6/25
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

Print Name/Rank: Scott Kowski Date: 04/25/2025
Signed: _____
E-Mail: _____