

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: _____ Date of Visit: 30 Nov 18

Contractor Personnel on Site:

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

Work Performed:

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

1. _____
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. Replace Bearing Assy Pump #4
2. Check Wiring for H.O.A. Switch - Bad Switch Replaced.
3. _____

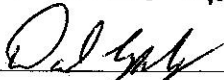
Over and Above Repair Work – Order Number and Description of Work Completed

Reported Bad motor pump 4 was in fact Bearing Assy - Replaced
Hand off Auto switch - miss wired Found Bad switch - Replaced
and in hand wire no power - Repaired

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dave Eppley Date: 30 Nov 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: SGT Berry Joey Date: 20181205

Signed: 

E-Mail: Joey.Berry.mil@mail.mil