

ATTACHMENT J-0200000-05
FORMS

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

EPDM ROOF REPAIR CSS# 13983

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CHRIS MOORE Date: 7-4-18

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: Timothy S Peters Date: 8 AUG 2018

Signed: PETERS.TIMOTHY.SCOTT.1037293977

Digitally signed by PETERS.TIMOTHY.SCOTT.1037293977
DN: cn=PETERS, ou=U.S. Government, ou=DoD, ou=PR, ou=CONTRACTOR,
cn=PETERS.TIMOTHY.SCOTT.1037293977
Date: 2018.08.08 10:22:07 -0400

E-Mail: timothy.s.peters3.ctr@mail.mil

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CERTIFICATION OF WORK

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

FACID/Building: CORAPOLIS PA Date of Visit: 7-11-18

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>CHRIS MOORE</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. _____
2. _____
3. _____