

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  
Date: 2018.08.08 18:22:07 +04'00'

Date: 8 AUG 2018

**Signed:** PETERS.TIMOTHY.SCOTT.1037293977  
Digitally signed by PETERS.TIMOTHY.SCOTT.1037293977  
Date: 2018.08.08 18:22:07 +04'00'

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: CORAL GULF PA. Date of Visit: 7-11-18

Contractor Personnel on Site:

1. CHRIS MOORE
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
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. \_\_\_\_\_