

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: PA 087 Date of Visit: 1-4-19

Contractor Personnel on Site:

1. Justin Angeletti
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. CSS #15085 WO # 5723
2. Repaired HVAC system
3. _____

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

Repair hole in line, Evacuate, nitrogen test + install refrigerant. Replace ceiling tile

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Justin Angeletti Date: 1-4-19
Signed: Justin Angeletti

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: WOLFF, JAMES T. GS9 Date: 4 JAN 19
Signed: James T. Wolff
E-Mail: James.t.wolff.civ@mail.mil