

ATTACHMENT J-0200000-05  
FORMS

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

WO # ~~2~~ 7183 CSS # 17081 WV 038

TIGHTEN HINGE SCREWS FOR PROPE ALIGNMENT  
OF DOOR TO FRAME + ADJUST CLOSURE  
FOR PROPER OPERATION + TENSION

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CUSTOM CONST. / CHRIS MOORE Date: 1-16-19

Signed: Chris Moore

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: SHANE FABIAN / AFOS Date: 1-16-19

Signed: Shane Fabian

E-Mail: shane.e.fabian.ctr@mail.mil