

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: WVAC53 Date of Visit: 1-18-19

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>S. Werry</u> | 4. _____ |
| 2. <u>B. Koblinsky</u> | 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. QC CSS 16105 VERIFIED HOT WATER TEMP 110°
2. AND DISCHARGE AT POLL HALL 75°
3. _____

WV053

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Koblynsky Date: 1-18-19
Signed: [Signature]

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: JAKE WHISLER GS9 Date: 1/18/2017
Signed: [Signature]
E-Mail: jacob.b.whisler.civ@mail.mil