

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: PA 166 Coraopolis, PA Date of Visit: Jan 16 & 17 2019

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>DeWight Scott</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. _____

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

Trouble Shoot AMSA wall pack -- found why it is inop -- works when weapons vault
is in operation -- no alarm system is in place, fixture will not work without alarm system in place.

Repaired wall pack on Admin bldg

Replaced Call Box phone

Repaired AMSA Walkway overhead lighting

Repaired AMSA burnt contact wiring for parking area

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: DeWight Scott

Date: 1/18/2019

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: ROJAS, ARNOLD / GS-07 Date: 20190118

Signed: 

E-Mail: arnold.e.rojas.civ@mail.mil