

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. DeWight Scott
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. \_\_\_\_\_

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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

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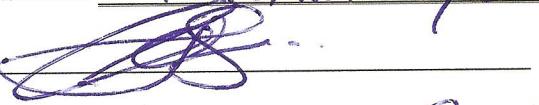
**CERTIFICATION OF WORK**

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