

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: WV053 Date of Visit: 3-1-19

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>Ken Shema</u> | 4. _____ |
| 2. <u>Pat Morphe</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. Removed Urinal from wall Spoked Drain
2. and tried to clear urinal Trap. Recommended
3. urinal to be replaced WV05918

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ken Shema Date: 3-1-19

Signed: 

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: Donald Shewalter Date: 1 MAR 19

Signed: 

E-Mail: DONALD.L.SHEWALTER4.CIV@MAIL.MIL