

CERTIFICATION OF WORK

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

FACID/Building: NY060

Date of Visit: 9-3-2020

Contractor Personnel on Site:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work Performed:**

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. Crane Inspection.
2. No safety or preventive issues to address.
3. \_\_\_\_\_
4. \_\_\_\_\_

**Inspection, Testing, and Certification**

1. Crane passes in relation to relevant OSHA ANSI ASME regulations
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Other Recurring Services**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Service Calls – Service Call Number and Description**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

# ATTACHMENT J-0200000-05

## FORMS

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

A single, dark, continuous line is drawn across a series of horizontal lines on a light background. The line starts at the bottom left, curves upwards and to the right, then turns sharply upwards and to the right again, ending at the top right. The background consists of a series of thin, horizontal black lines spaced evenly apart, creating a grid-like pattern. The line is dark and appears to be drawn with a pen or pencil. There are some minor smudges and dust specks visible on the paper.

---

# CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joseph Burclett Date: 9. 3. 20  
Signed: J

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: Mike Moseman Date: 9-3-20  
Signed: Mike Moseman  
E-Mail: michael.moseman.ctr@mail.mil