

ATTACHMENT J-0200000-05
FORMS

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jesse Selman Date: 1/17/2019

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: SGT TABITHA K. SPANGLER Date: 20190117

Signed: SPANGLER.TABITHA.KAY.13 79044219

Digitally signed by
SPANGLER.TABITHA.KAY.1379044219
Date: 2019.01.17 10:07:57 -05'00'

E-Mail: TABITHA.K.SPANGLER.MIL@MAIL.MIL

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CERTIFICATION OF WORK

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

FACID/Building: PA011 Date of Visit: 1/17/2019

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Jesse Selman</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. Initial visit, investigative
2. _____
3. _____

PA011-02

Asset # 7776-0vhd,roll-up-





PA011-02

Asset # 7747-0vhd,roll-up-



