

CSS 18294

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY 119 Date of Visit: 8/14, 8/15, 8/16, 8/28

Contractor Personnel on Site:

- | | |
|----------------------------|----------|
| 1. <u>JOHN A. SULLIVAN</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

REMOVE FAULTY PARKING LOT LOOP
FOR AUTOMATIC GATE

TRENCH NEW LOOP CIRCUIT WIRE TO UNIT
INSTALL SAFETY EDGE SENSOR FOR
PEDISTRIAN ENTRAPMENT PROTECTION
PROGRAM TEST UNIT

CERTIFICATION OF WORK

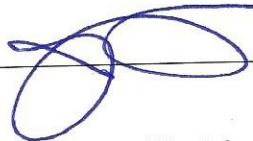
To be signed by the Contractor:

Print Name: JOHN A. SULLIVAN

Date:

9/5/19

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: AFOS

Print Name/Rank:

Patrick T. Scanlon

Date:

9/5/2019

Signed:



E-Mail:

Patrick.T.Scanlon.Ctr@mail.mil