

CSS 18746

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY116 Date of Visit: 7/16, 7/24, 7/25

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

REPAIR PARKING LOT LIGHTS  
REPAIR BUILDING SECURITY LIGHTS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN A. SULLIVAN Date: 9/5/2019

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: AFOS

Print Name/Rank: Patrick J. Scanlon Date: 9/5/2019

Signed: Patrick J. Scanlon

E-Mail: Patrick.J.Scanlon.CTR@mail.mil