

CS 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. JOHN A. SULLIVAN
2. _____
3. _____
4. _____
5. _____
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. _____

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. SULIVAN 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