

CS5 18746

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: 8/28, 8/29, 9/5

Contractor Personnel on Site:

- |                           |          |
|---------------------------|----------|
| 1. <u>JOHN A. SULUWAL</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. _____ |

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

INSTALL NEW BATTERIES IN STANDBY  
WALL POWER PACKS FOR EMERGENCY  
LIGHTING IN ADMINISTRATION BLDG &  
AMSA SHOP

INSTALL NEW EXIT LIGHTS IN  
ADMINISTRATION BLDG

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:

Print Name/Rank: Patrick T. Scanlon Date: 9/5/2019 <sup>AFOS</sup>

Signed: Patrick T. Scanlon

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