

CSS 20417

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: 8/26, 8/27, 8/28

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

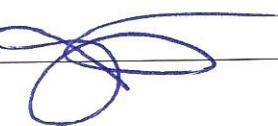
1. _____
2. _____
3. _____

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

INSTALL NEW WIRING FOR ARMS VAULTS
REMOVE OVERLOADED CIRCUITS
REWIRED BOTH ARMS VAULTS TO NEW
WIRING

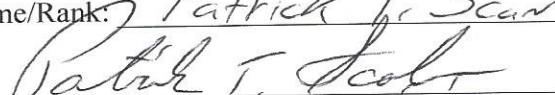
CERTIFICATION OF WORK

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