

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. <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. _____ |

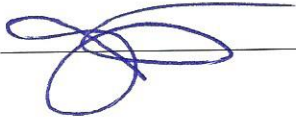
Over and Above Repair Work – Order Number and Description of Work Completed

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

CERTIFICATION OF WORK

To be signed by the Contractor:

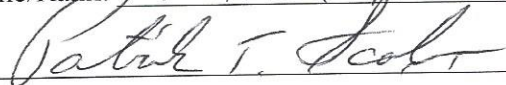
Print Name: JOHN A. SULLIVAN Date: 9/5/19

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