

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY060 CSS 26032 Date of Visit: 10/30/20

Contractor Personnel on Site:

1. <u>Adam Securo</u>	4. _____
2. <u>Tim Shou</u>	5. _____
3. <u>Tim Robbins</u>	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**

Completed Repair For HP 2-33N  
Checked unit operation of unit  
Checked unit at BMS

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Timothy Robbins Date: 10/30/20

Signed: Timothy Robbins

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: Michael Moseman Date: 10/30/20

Signed: Michael Moseman

E-Mail: Michael.Moseman.Ctr@mail.mil