

CERTIFICATION OF WORK

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

FACID/Building: WV-053 Date of Visit: 5/2/19

Contractor Personnel on Site:

- |                       |          |
|-----------------------|----------|
| 1. <u>Scott Werry</u> | 4. _____ |
| 2. <u>Craig Bell</u>  | 5. _____ |
| 3. _____              | 6. _____ |

Work Performed:

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- |   |
|---|
| 1. <u>No boiler inspection Done. IN CON ED. PROGRAM</u> |
| 2. <u>per AFOS.</u>                                     |
| 3. _____  |
| 4. _____  |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Werry Date: 5/2/19  
Signed: Scott Werry

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Don Shonkita Date: 23 MAY 19

Signed: [Signature]

E-Mail: Donald-L-Shonkita@mac.com

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: WU-041

Date of Visit: 5/2/19

Contractor Personnel on Site:

1. SCOTT WERRY

2. CRAIG BELL

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. Boiler Inspection

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: SCOTT WERRY

Signed: Scott Werry

Date: 5/2/19

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Julia L. Barr

Signed: Julia L. Barr

Date: 20190522

CERTIFICATION OF WORK

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

FACID/Building: PA053-01

Date of Visit: 4/30/19

Contractor Personnel on Site:

- |                       |          |
|-----------------------|----------|
| 1. <u>Scott WERRY</u> | 4. _____ |
| 2. <u>CRAIG Bell</u>  | 5. _____ |
| 3. _____              | 6. _____ |

Work Performed:

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- |                             |
|-----------------------------|
| 1. <u>Boiler inspection</u> |
| 2. _____                    |
| 3. _____                    |
| 4. _____                    |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott WERRY Date: 4/30/19

Signed: \_\_\_\_\_

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: MAJ Bruce Jordan Date: 4/30/2019

Signed: Bruce Jordan

E-Mail: \_\_\_\_\_



ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: PA052-01

Date of Visit: 4/30/19

Contractor Personnel on Site:

1. Scott WERRY
2. CRAIG Bell
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. Boiler Inspection
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott WERRY

Date: 4/30/19

Signed: [Signature]

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Jode Berry SGT

Date: 4/30/19

Signed: [Signature]

CERTIFICATION OF WORK

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

FACID/Building: PA 020

Date of Visit: 5/13/16

Contractor Personnel on Site:

1. Tom Corman
2. Jim Gentry
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. Bolt inspection from Bureau Veritas
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tom Corman

Date: 5/13/16

Signed: \_\_\_\_\_

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: TIMOTHY S PETERS

Date: 13 MAY 19

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_