

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: WV038

Date of Visit: May 2, 2019

Contractor Personnel on Site:

1. William Johnson _____
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. Boiler Inspection_____
2. WV038 – 01 – WO #8980 – Asset #6685.1 & 6685.2_____
3. WV038 – 02 – WO 38848 – Asset #6526_____
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

CERTIFICATION OF WORK

To be signed by the Contractor:

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: Moore Michael L SFC Date: 2090710

Signed: _____

E-Mail: Michael.l.moore270.mil@mail.mil