

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

Found pressure relief valve
leaking for boiler #1 and #2
Recommend replacing @
pressure relief valve

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

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: 10/18/2019

Signed: Patrick T. Scanlon

E-Mail: Patrick.T.Scanlon, CTR @ mail.mil

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: _____ Date of Visit: 10-18-19

Contractor Personnel on Site:

- | | |
|---------------|----------|
| 1. <u>pat</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. Two boilers leaking in training
2. _____
3. _____

FORMS

CERTIFICATION OF WORK

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

FACID/Building: Reserve Center Date of Visit: 12-9-19

Contractor Personnel on Site:

- | | |
|---------------|----------|
| 1. <u>Pat</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. <u>RE: CSS 21758</u> |
| 2. _____ |
| 3. _____ |

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

Replaced pressure relief valves
for boiler #1 and #2

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: _____ Date: _____

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:

Print Name/Rank: Rivera, Ral SFC Date: 2/19/2019

Signed:  _____

E-Mail: ral.rivera5.mil@mail.mil