ATTACHMENT J-0200000-05
FORMS

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

FACID: VA050
Building: Strathmore
Contractor Personnel on Site:
1. Keith Pearson
2. Peter H.

Date of Visit: 3-26-20
CSS: 24571
~~CMMS:~~ Est. #1531
Service Order: ☑
Corrective Maintenance: ☐

Service Order Work Performed:
Unit: Gate operator
Manufacturer: Hy-Security
Model:
Serial:

Description: Found that the pole on the closed side of the Gate Had been Hit by truck, was bent out by About 8" Gate Not closing properly

Repairs: re-set Limit switches, Adjusted pinch rollers, Lubricated. Gate functioning well. Will need to return to finalize the setting of the Limit Switches once post has been Replaced.

To be signed by the Contractor:
Print Name: Keith Pearson Date: 3-26-20
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: CPT Friend Thessolonia Date: 26 MAR 20
Signed:
E-Mail: thessolonia.m.friend.mil@mail.mil


CAUTION