

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID: Caton

Date of Visit: _____

Building: main/Amsa

CSS: -29505 WO 12511

Contractor Personnel on Site:

CMMS: Est 1759

1. Keith Pearson

Service Order: ☒

2. Logan Doucas

Corrective Maintenance: ☐

Service Order Work Performed:

Unit: Viking

Manufacturer: Gate

Model: operator

Serial: _____

Description: Entry Gate: manual override Switch in wrong position. Wired for proper operation. Re-learned Limit Switch

Exit Gate: photo eye miss-aligned
Corrected & tested

Repairs: Both Gate Normal @ time of departure

To be signed by the Contractor:

Print Name: Keith Pearson Date: 4-19-21

Signed: [Signature]

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: SSG Sanchez, German Date: 18 Apr 2021

Signed: [Signature]

E-Mail: german.sanchez25.mil@mail.mil















