

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: 059 Rotterdam
Army Date of Visit: 9-30-22

Contractor Personnel on Site:

1. Milco D
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. DA
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. NA
2. _____
3. _____
4. _____

Other Recurring Services

1. NA
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. CSS# 89449 BPI NOT# 100152
2. _____
3. _____

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

CSS # 89449 BSI NO # 10052

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 9-30-22
Signed: Mike Dull

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: Chris Pothier Date: 9-30-22

Signed: Chris Pothier

E-Mail: christopher.s.n.pothier.ctr@army.mil