

CERTIFICATION OF WORK

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

FACID/Building: NY060 Schedule(A) Date of Visit: 10/21/22

Contractor Personnel on Site:

1. Milco
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

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

1. D.A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Inspection, Testing, and Certification

1. N/A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Other Recurring Services

1. N/A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Service Calls – Service Call Number and Description

1. 055 90289' 8/1 Job #100370 Cleared Sump, STRAINER
2. 055(01, Blew air supply water feed line)
3. \_\_\_\_\_

ATTACHMENT J-0200000-05  
FORMS

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

CSS 90289   BP 1 # 100370   Cleared Sump, STRAINER  
BASKET, Blew out Supply Line, WATER FED

---

---

---

---

---

**CERTIFICATION OF WORK**

---

To be signed by the Contractor:

Print Name: Mike D. Hall      Date: 10-21-22  
Signed: ee/ M. D. Hall

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: 10-21-22  
Signed: Chris Pothier  
E-Mail: christopher.n.pothier.ctr@army.mil