

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: UY060 Schuette Date of Visit: 10-21-22

Contractor Personnel on Site:

- | | |
|----------------|----------|
| 1. <u>Milo</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | | |
|---------------|----------|
| 1. <u>N/A</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |
| 4. _____ | 7. _____ |

Inspection, Testing, and Certification

- | | |
|---------------|----------|
| 1. <u>N/A</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |
| 4. _____ | 7. _____ |

Other Recurring Services

- | | |
|---------------|----------|
| 1. <u>N/A</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |
| 4. _____ | 7. _____ |

Service Calls – Service Call Number and Description

- | | |
|----------------------------------------------------|-------------------------------|
| 1. <u>055 90289' BP1-JOB# 100370</u> | <u>Cleaned SCRP, STRAINER</u> |
| 2. <u>BASKET, blew out supply water feed line.</u> | |
| 3. _____ | |

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

CSS 90289. BPI # 100370 Cleared Sump, STRAINER
BASINET, Hew OUT supply LINE WATER Feed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike D. Wall Date: 10-21-22

Signed: ee/ D. Wall

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