

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY128 Snuggerus Date of Visit: 12/03/2020

Contractor Personnel on Site:

1. Kevin Krusk
2. T. ~ slous
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

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

Inspection, Testing, and Certification

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

Other Recurring Services

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

Service Calls – Service Call Number and Description

1. Job 16112073 / Sog 1610842466 Replacement of
2. Second Floor Current Unit Compressor
3. Com w/o # 9766

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Kevin Kuk Date: 12/3/2020

Signed: K. K. L

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: Warren Cheng 6589 Date: 12/3/2020

Signed: WSP

E-Mail: Warren.Cheng2.CIV@mail.mil