

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: \_\_\_\_\_

Date of Visit: App 8 days from  
8/26 - 9/18 2020

Contractor Personnel on Site:

1. Michael Angelo
2. \_\_\_\_\_
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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

#1072

Demo hallway wall to find water leak.  
Replace existing cold water line along with valves  
that feed all sinks in men's room. Insulate piping  
and re-insulate wall cavities. Install new sheetrock,  
taper, mud. Prime wall and add matching  
topcoat paint. Reglue existing vinyl wall base

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CERTIFICATION OF WORK

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To be signed by the Contractor:

Print Name: Michael Angelo Date: 9/18/2020  
Signed: Michael Angelo

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: Patrick T. Scanlon AFOS Date: 9/18/2020  
Signed: Patrick T. Scanlon  
E-Mail: Patrick.t.Scanlon.CTR@mail.mil