

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. <u>Michael Angelo</u> | 4. _____ |
| 2. _____                 | 5. _____ |
| 3. _____                 | 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. _____ |

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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 menroom. Insulate piping  
and reinsulate wall cavities. Install new sheetrock,  
tape, mud. Prime wall and add matching  
topcoat paint. Reglue existing vinyl wall base

CERTIFICATION OF WORK

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 <sup>AFOS</sup> Date: 9/18/2020  
Signed: Patrick T. Scanlon  
E-Mail: Patrick.T.Scanlon.C+R@mail.mil