

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: Reserve Center Date of Visit: 12-19-19

Contractor Personnel on Site:

- | | |
|---------------|----------|
| 1. <u>pat</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. <u>CSS 21837</u> |
| 2. _____ |
| 3. _____ |

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

Women's Latrine Install 2 double
toilet paper holder.
Men Latrine: Replace power pvc
for 2 arm 2900 automatic faucets
In Stall 3 double toilet paper holders.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

Signed: _____

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: River RL ST-C Date: 20/9/2009

Signed: RL

E-Mail: rand.river@unl.edu

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CERTIFICATION OF WORK

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

FACID/Building: Amy Reserve Center Date of Visit: 12-13-18

Contractor Personnel on Site:

- | | |
|---------------|----------|
| 1. <u>Pat</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. <u>CS 21837</u> |
| 2. _____ |
| 3. _____ |

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

women's Latrine & Install 1
towel bar, men's Latrine
Install 2 towel bars.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

Signed: _____

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: Peter Song Date: 2/19/21

Signed: _____

E-Mail: _____

ATTACHMENT J-0200000-05
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CERTIFICATION OF WORK

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

FACID/Building: US ARC

Date of Visit: 10/8/19

Contractor Personnel on Site:

- | | |
|---------------------------|----------|
| 1. <u>CESAR A. KINZEL</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | | |
|--------------------------|-------|
| 1. <u>INFO FOR QUOTE</u> | _____ |
| 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

• GET INFO FOR QUOTE 3-TOWER HARKS AND
5 PAPER DISPENSERS REPLACEMENT.
• ADDITIONALLY 1. ELECTRONIC TAPCET.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CESAR A. KUNZER Date: 10/8/19

Signed: 

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: AFOS

Print Name/Rank: Patrick J. Scanlon Date: 10/8/2019

Signed: 

E-Mail: Patrick.T.Scanlon.CTR@mail.mil