

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. Pat
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. CSS 21837
2. _____
3. _____

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

Women's Latrine Install 2 double
toilet paper holders.
Men Latrine & Replace power pack
For 2 am 2900 automatic faucets
Install 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: Riven RL ST-C Date: 2019D09

Signed: RL

E-Mail: ravn.riven5.nrl@gmail.com

CERTIFICATION OF WORK

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

FACID/Building: Army Reserve Center Date of Visit: 12-13-19

Contractor Personnel on Site:

1. Par+
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. CSS 21837
2. _____
3. _____

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

women's Latrines In stall 1
towel bar, men's Latrines
In stall 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: Pete Sny Date: 3/19/17

Signed: 

E-Mail: _____

ATTACHMENT J-0200000-05
FORMS

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. CESAL A. KINZEL
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. INFO POL QUOTE
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 INTO FOL QUOTE 3. TOWEL RACKS AND 5 PAPER DISPENSERS REPLACEMENT.
- ADDITIONALLY 1. ELECTRONIC FAUCET.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CESAR A. KINZER 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 T. Scanlon Date: 10/8/2019
Signed: Patrick T. Scanlon
E-Mail: Patrick.t.Scanlon.CTR@mail.mil