

FORMS

CERTIFICATION OF WORK

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

FACID/Building: _____

Date of Visit: 2/27/20

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Doug Howard</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

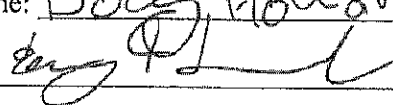
- | |
|---------------------------------|
| 1. <u>part 3 water pump fix</u> |
| 2. _____ |
| 3. _____ |

ATTACHMENT J-0200000-05
FORMS

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

CERTIFICATION OF WORK

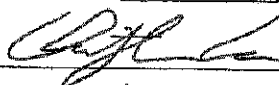
To be signed by the Contractor:

Print Name: Doug Howard Date: 2/27/20
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: Christopher Anson, GS9 Date: 27 Feb 2020

Signed: 

E-Mail: christopher.h.anson.mil@mail.mil