

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: 2/27/20

Contractor Personnel on Site:

1. Doug Howard 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. PART water pump Fix  
2. \_\_\_\_\_  
3. \_\_\_\_\_

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**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: Doug Howard

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, GSG Date: 27 Feb 2020

Signed: John S.

E-Mail: [christopher.h.wozny.mil@mail.mil](mailto:christopher.h.wozny.mil@mail.mil)