

ATTACHMENT J-0200000-05
FORMS

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

WO 3679, CSS # 18944

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Craig Wessel Date: 8/7/19

Signed: [Signature]

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: Louis Corbo AFOS Date: 8/8/19

Signed: [Signature]

E-Mail: Louis-A. Corbo-CTR @ MAIL.MIL





Room 1004C new
knoblock installed



room 3012 new strike plate
installed

