

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY023

Date of Visit: 10/4/19

Contractor Personnel on Site:

- | | |
|---------------------|----------|
| 1. <u>Tom Hayes</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | |
|-------------------------------------|
| 1. <u>Drill 2 Cores And Replace</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. _____ |

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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: GRAIG WESSEL Date: 10/4/19

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: 

Print Name/Rank: LOUIS CORBO AFOS Date: 10-4-19

X Signed: 

E-Mail: LOUIS-A-CORBO-CTR @ MAIL-MIL

AMSA room 1001D



AMSA room 1014

