

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. Tom Hayes
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. Drill 2 Cores And Replace
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. _____

ATTACHMENT J-0200000-05
FORMS

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

CERTIFICATION OF WORK

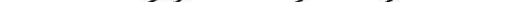
To be signed by the Contractor:

Print Name: Craig Wessel Date: 10/4/19
Signed: Craig W.S.

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

Signed:  J.D.B.

E-Mail: Louis-A-CORBO-CTR@mail.mil

AMSA room 1001D



AMSA room 1014

