

ATTACHMENT J-0200000-05  
FORMS

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

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: RAMON VILLANUEVA

Date: 1/9/2019

Signed: R Villanueva

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: Vincent Giordano

Date: 01/09/2019

Signed: Vincent Giordano

E-Mail: Vincent.L.Giordano.ctr@mail.mil

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: KY024 Date of Visit: Jan 1-9-2018

Contractor Personnel on Site:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

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

1. PM-AU-9650 PM-SA-9698 PM-MO-9761 PM-MO-9807
2. PM-MO-9650 PM-SA-9659 PM-SA-9762 PM-MO-9808
3. PM-MO-9691 PM-MO-9731 PM-SA-9763 PM-SA-9813
4. PM-SA-9690 PM-MO-9733 PM-MO-9766 PM-SA-9814
5. PM-SA-9695 PM-MO-9759 PM-SA-9769 PM-SA-9815
6. PM-SA-9791 PM-SA-9816

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. \_\_\_\_\_