

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building AV024 356 Date of Visit: 12/7/2018

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | |
|-------------------------|
| 1. <u>PM - FQT-9703</u> |
| 2. <u>PM - FQT-9704</u> |
| 3. <u>PM - FQT-9705</u> |
| 4. <u>PM - FQT-9706</u> |

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: RAMON VILLANUEVA Date: 12/7/2018
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 Gordon Date: Dec 7, 2018
Signed: Vincent Gordon
E-Mail: Vincent.S.Gordon.ct@mail.mil

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: N4024 356 Date of Visit: 12/7/2018

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

FILTER SCHEDULE

- | | |
|------------------------|-------|
| 1. <u>ASSET # 9703</u> | _____ |
| 2. <u>ASSET # 9704</u> | _____ |
| 3. <u>ASSET # 9705</u> | _____ |
| 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

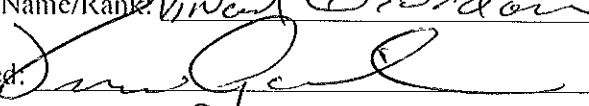
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: RAMON VILLANUEVA Date: 12/7/2018
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: Vincent Giordano Date: Dec 7, 2018
Signed: 
E-Mail: Vincent.Giordano.ct@mail.mil