

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY024

Date of Visit: MONTH OF NOV CHECKLIST

Contractor Personnel on Site:

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

Work Performed:

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

1. PM-QT-97781 PM-MO-97591 PM-QT-9760
2. PM-QT-97791 PM-MO-9761 PM-MO-9766
3. PM-QT-98031 PM-QT-97111 PM-QT-9790
4. PM-QT-9809 PM-QT-9712 PM-MO-9807
PM-MO-9808

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:

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Print Name: Rakesh Vyas Date: 12/17/2018

Signed: Rakesh Vyas

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: Kiawel - T Carson Date: 12/17/18

Signed:

1. What is a vector?

E-Mail: Vincent.Gordon.ctr@mail.mil