

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

Work Performed:

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

- |                        |                     |  |
|------------------------|---------------------|--|
| 1. <u>PM-QT-9778</u> ✓ | <u>PM-MO-9759</u> ✓ | <u>PM-QT-9760</u>                      |
| 2. <u>PM-QT-9779</u> ✓ | <u>PM-MO-9761</u> ✓ | <u>PM-MO-9766</u>                      |
| 3. <u>PM-QT-9803</u> ✓ | <u>PM-QT-9711</u> ✓ | <u>PM-QT-9790</u>                      |
| 4. <u>PM-QT-9809</u>   | <u>PM-QT-9712</u> ✓ | <u>PM-MO-9807</u><br><u>PM-MO-9808</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. _____ |

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**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: RAKON VILKUNOVA Date: 12/17/2018  
Signed: [Signature]

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 J Gordon Date: 12/17/18  
Signed: [Signature]  
E-Mail: Vincent.J.gordon.ctr@mail.mil