

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: 14024 356 Date of Visit: 12/18/2018

Contractor Personnel on Site:

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

Work Performed:

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

1. PM-SA-9708 PM-SA-9627
2. PM-SA-9709 PM-SA-9628
3. PM-SA-9710 PM-SA-9629
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. _____

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: 12/28/2018
Signed: 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 Gordano Date: 12/28/18
Signed: Sud Ode
E-Mail: Vincent.Gordano.Ctr@mail.mil