

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY024 356 Date of Visit: 12/18/2018

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-SA-9708</u> | <u>PM-SA-9627</u> |
| 2. <u>PM-SA-9709</u> | <u>PM-SA-9628</u> |
| 3. <u>PM-SA-9710</u> | <u>PM-SA-9629</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. _____ |

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: *Ramon 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 Cordaro Date: 12/28/18
Signed: *Vincent Cordaro*
E-Mail: Vincent.Cordaro@Hr@Mail.mil