

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY050

Date of Visit: NOVEMBER CHECK LIST

Contractor Personnel on Site:

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

Work Performed:

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

1. PKH-400-10021
2. PKH-400-10022
3. _____
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. _____

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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: Ramon Velaquez Date: 11/30/2018

Signed: Ramón Velaquez

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:

best of my knowledge, completed the stated work to my satisfaction.
Print Name/Rank: Patrick Scanlon Date: 12/19/2018
Signed: Patrick Scanlon
E-Mail: Patrick.t.Scanlon.ctr@mail.mil