

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: 49050

Date of Visit: NOVEMBER CHECK LIST

Contractor Personnel on Site:

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

Work Performed:

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

1. PH-40-10021
2. PH-40-10022
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:

Print Name: RAMON VILLANOVA Date: 11/30/2018
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: Patrick Scanlon Date: 12/19/2018
Signed: [Signature]
E-Mail: Patrick.T.Scanlon.Ctr@mail.mil