

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: KYOSD Date of Visit: 11/19/2018
BUILDING 106 ANSA

Contractor Personnel on Site:

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

Work Performed:

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

NO ASSETS OLD UNIT

- | |
|--|
| 1. _____ |
| 2. <u>AHU - IM - CMBC00822</u> |
| 3. <u>BOILER - FULTON PULSE HW 300</u> |
| 4. _____ |

Inspection, Testing, and Certification

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

Other Recurring Services

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

Service Calls – Service Call Number and Description

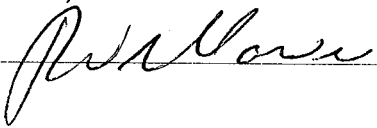
- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |

ATTACHMENT J-0200000-05
FORMS

Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

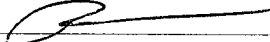
To be signed by the Contractor:

Print Name: RAHON VILLANUEVA Date: 12/10/2018
Signed: 

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: Mr. Petric Long Date: 20/12/18

Signed: 

E-Mail: Petric.L.Long.Civ@no11.mil

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: HY050

Date of Visit: 11/27/2018

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 - QT - 9975 - ARTIC AIR - MODEL # AF49</u> |
| 2. _____ | <u>PM - QT - 9977 - TRAVLSEN REF - MODEL # G300/L</u> |
| 3. _____ | <u>PM - QT - 9976 ICE MAKER NEW NEED TO BE</u> |
| 4. _____ | <u>INSULATED DRAIN SYSTEM.</u> |
| | <u>MODEL # 325MAJ - HOSHIZAKI ICE</u> |
| | <u>MAKER</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. _____ |

ATTACHMENT J-0200000-05
FORMS

Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: RAMON VILASNOVA Date: 12/10/2018
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: Mr. Patrick Sany Date: 2018/12/10

Signed: [Signature]

E-Mail: patrick.h.sany.civ@mcil.mil