

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 VILLANUEVA Date: 3/15/2020
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: SSgt Robert Sng Date: 2020 03/19

Signed: [Signature]

E-Mail: _____

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: Ny 50 Date of Visit: 3/16/2020

Contractor Personnel on Site: ADPRA - W. O. A

1. PM - EOT - 9946 - 7429
2. PM - EOT - 9950 - 7430
3. PM - EOT - 9951 - 7431

Work Performed: PM - EOT - 9952 - 7432

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

1. PM - HO - 10019 - 7433
2. PM - HO - 10020 - 7434
3. PM - HO - 10025 - 7435
4. PM - HO - 9972 - 7461
- PM - QT - 10023 - 7462

Inspection, Testing, and Certification

1. PM - QT - 10034 - 7463
2. _____
3. PM - SA - 9949 - 7645
4. PM - SA - 9950 - 7646
- PM - SA - 9951 - 7647

Other Recurring Services

1. PM - SA - 9952 - 7648
2. PM - SA - 9953 - 7649
3. _____
4. _____

Service Calls - Service Call Number and Description

1. _____
2. _____
3. _____