

FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY 054 Date of Visit: 11-28-2018

Contractor Personnel on Site:

1. David B. Ruppel 4. _____
2. _____ 5. _____
3. _____ 6. _____

Work Performed:

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

1. Asset #10092 / WO #1042 / PM-QT-10092 Ice Maker
2. Asset #10093 / WO #1043 / PM-QT-10093 2-Section Reach-In Refrigerator
3. Asset #10128 / WO #1046 / PM-QT-10128 Dual Emergency Light & Exit Sign Combo
4. Asset #10129 / WO #1047 / PM-QT-10129 Dual Emergency Light Wall Packs
5. Asset #10130 / WO #1048 / PM-QT-10130 Illuminated Emergency Exit Signs

Inspection, Testing, and Certification

6. Asset #10137 / WO #1049 / PM-QT-10137 Dual Emergency Lights & Exit Sign
7. Asset #10141 / WO #1050 / PM-QT-10141 Dual Emergency Lights & Exit Sign Combo
8. Asset #10142 / WO #1051 / PM-QT-10142 Dual - Exit Sign Combo
9. _____ - Emergency Light Wall Packs

10. Asset #10120 / WO #1044 / PM-QT-10120 Unit Water Heater

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls - Service Call Number and Description

1. _____
2. _____
3. _____

J-0200000-05

Stewart's Shop #205
Store #205
#2-000000653102 Margaret
Associate:
Wed 12/26/2018
10:18:32 AM
1 12 oz Coffee 1.20 ID
1 HATCH 0.99 F ID
Sub-Total 2.19
Tax 0.15
Total \$2.34

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NY054

Nov 2018 COW

ATTACHMENT J-0200000-05
FORMS

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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: DAVID B. RUPPEL Date: 11-28-18

Signed: *David B. Ruppel*

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: Ronald Vogt AFOS Date: 11-28-18

Signed: *Ronald Vogt*

E-Mail: Ronald.J.Vogt2.CTR@mail.mil